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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000006052 (3)**

1. Corporation Name
BESNER FAMILY FOUNDATION, INC.



Principal Place of Business 19707 NE 36 COURT APT PH-F APT. PH-F NO MIAMI BEACH FL 33180 US	Mailing Address 19707 NE 36 COURT APT PH-F APT. PH-F NO MIAMI BEACH FL 33180 US
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3. Date Incorporated or Qualified

12/27/1995

4. FEI Number

65-0641079

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 AVENTURA FL

28 AVENTURA FL

24 Zip **33180** 25 Country

29 Zip **33180** 30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**M & W AGENTS, INC.
9100 S DADELAND BLVD STE 1707
MIAMI FL 33156-7819**

81 Name **JOANNE BESNER**

82 Street Address (P.O. Box Number is Not Acceptable)
19707 NE 36 CT - PH-F

83

84 City **AVENTURA**

FL

85 Zip Code **33180**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Joanne Besner

4-20-98

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **BESNER, STANLEY**
STREET ADDRESS **19707 NE 36 COURT APT PH-F**
CITY - ST - ZIP **AVENTURA FL**

TITLE **VSTD** ☐ DELETE

NAME **BESNER, JOANNE A**
STREET ADDRESS **19707 NE 36 COURT APT PH-F**
CITY - ST - ZIP **AVENTURA FL**

TITLE **D** ☐ DELETE

NAME **BESNER, BRAD N**
STREET ADDRESS **681 NW 101 TERRACE**
CITY - ST - ZIP **PLANTATION FL 33324**

TITLE **D** ☐ DELETE

NAME **COHEN, BRANDY**
STREET ADDRESS **1811 NW 101 WAY**
CITY - ST - ZIP **PLANTATION FL 33324**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joanne Besner* **JOANNE BESNER 4-20-98 305-932-5001**

CP2E037 (10/97)