


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90020 036 ****61.25

| | | | |
|---|--------------------------------------|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N95000006052 | | | |
| 1. Corporation Name BESNER FAMILY FOUNDATION, INC. | | | |
| Principal Place of Business 19707 NE 36 COURT APT PH-F APT. PHF AVENTURA FL 33180 US | | Mailing Address 19707 NE 36 COURT APT PH-F APT. PHF AVENTURA FL 33180 US | |
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | |
| 21 | 26 | 12/27/1995 | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number | Applied For |
| 22 | 27 | 65-0641079 | Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | 28 | <input type="checkbox"/> | |
| Zip | Zip | 6. Election Campaign Financing | \$5.00 May Be Added to Fees |
| 24 | 29 | Trust Fund Contribution | <input type="checkbox"/> |
| Country | Country | | |
| 25 | 30 | | |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| BESNER, JOANNE 19707 NE 36TH CT - PHF AVENTURA FL 33180 | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | 85 Zip Code |
| | | FL | |
| 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 | | | |
| 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 <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BESNER, STANLEY | 1.2 NAME | |
| STREET ADDRESS | 19707 NE 36 COURT APT PH-F | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | AVENTURA FL | 1.4 CITY-ST-ZIP | |
| TITLE | VSTD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BESNER, JOANNE A | 2.2 NAME | |
| STREET ADDRESS | 19707 NE 36 COURT APT PH-F | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | AVENTURA FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BESNER, BRAD N | 3.2 NAME | |
| STREET ADDRESS | 681 NW 101 TERRACE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL 33324 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COHEN, BRANDY | 4.2 NAME | |
| STREET ADDRESS | 1611 NW 101 WAY | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL 33324 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, with all other like empowered.

SIGNATURE:

Joanne Besner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99
Date

305-932-5001
Daytime Phone #

CR2E037 (11/98)