FILE NOW: FILING FEE IS $61.25

FILED
Mar 06, 1999 8:00 am
Secretary of State
03-06-1999 90090 050 ****61.25

000012

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000459

1. Corporation Name
THE FIVE MILLERS FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
5600 COLLINS AVENUE 9E MIAMI BEACH FL 33140	5600 COLLINS AVENUE 9E MIAMI BEACH FL 33140

2. Principal Place of Business
21 767 Arthur Godfrey Road
Suite, Apt. #, etc.
22
City & State
23 Miami Beach, FL
Zip 24 33140-3413 Country 25 USA

2a. Mailing Address
26 767 Arthur Godfrey Road
Suite, Apt. #, etc.
27
City & State
28 Miami Beach, FL
Zip 29 33140-3413 Country 30 USA

3. Date Incorporated or Qualified
01/26/1996

4. FEI Number
65-0715711
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

STEINBERG, PAUL B
787 ARTHUR GODREY BLVD.
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	TR	☐ Change ☐ Addition
NAME	MILLER, DORA		1.2 NAME	Steinberg, Sandra J.	
STREET ADDRESS	5600 COLLINS AVENUE 9E		1.3 STREET ADDRESS	767 Arthur Godfrey Road	
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY-ST-ZIP	Miami Beach, FL 33140-3413	
TITLE	VD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	STEINBERG, PAUL B ESQ.		2.2 NAME		
STREET ADDRESS	787 ARTHUR GODFREY ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	VSD	☒ Change ☐ Addition
NAME	MANGOT, NEIL		3.2 NAME		
STREET ADDRESS	90 MERRICK AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	EAST MEADOW NY 11554		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	AP 4/20.	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	E-mail From Richard Steinberg to add	☐ Change ☐ Addition
NAME			6.2 NAME	Sandra Steinberg. AP 4/20/99	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/26/99 305-538-2344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #