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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600000545 (1)

JACKMAN FAMILY FOUNDATION, INC.

## FILED Jan 21 1998 8:00am Secretary of State

| SACRIMAN LAMILLE LOCADATION, INC.                       |   |   |                             |  |   |
|---|---|---|-----------------------------|--|---|
| Principal Place   | of Business                                       | Mailing Address                             |                             | L EMAISSAL ALD SOLID OFFICE BOILD                          | Anter anter Autre auter anter Alter arunt ditt 1021                         |
| 330 ROYAL PLAZA DR<br>FT LAUDERDALE FL 33301-2514<br>US |   | 330 ROYAL PLAZA DR<br>FT LAUDERDALE FL 3330 | 1                           | Date Incorporated or Qual     01/31/1996     FEI Number    | Applied For   |
| 2. Principal Pi   | ace of Business                                   | 2a. Mailing Address                         |                             | 65-0251257   | Not Applicable  |
| 21  | ace of Dusilless                                  | 26 Walling Address                          |                             | 5. Certificate of Status Desire                            | d S8.75 Additional Fee Required   |
| Suite, Apt. #, etc.                                     |   | Suite, Apt. #, etc.                         |                             | 6. Election Campaign Financ                                |   |
| 22  |   | 27  |                             | Trust Fund Contribution                                    | Added to Fees   |
| City & State  |   | City & State                                |                             | 7. Is this nonprofit corporation a homeowners association? |   |
| 23  |   | 28  |                             |  | ☐ Yes ☐ No  |
| Zip   | Country   | Zip   | Country                     |  | as paid the current year Intangible   |
| 24  | 25  | 29  | 30                          | Personal Property Tax due                                  |   |
| <u> </u>  | 9. Name and Address of Curre                      | nt Registered Agent                         | 81 Nam                      | 10. Name and Address of Ne                                 | w Registered Agent  |
|   |   |   | or wan                      |  | · · · · · · · · · · · · · · · · · · ·                                       |
| M W AGENTS INC  |   |   |                             | ddress (P.O. Box Number is Not Acc                         | eptable)  |
| 9100 S DADELAND BLVD STE 1707                           |   |   |                             |  |   |
| MIAMI FL  | _ 33156-7819                                      |   | 83                          |  |   |
|   |   |   | 84 City                     |  | FL 85 Zip Code  |
| 11 Durationt A  | - the provisions of Continue 617.05               | 00 and 617 1500 Flydda Statu                | tea tha about name          | annession a boile this statement for                       |   |
| office or re  | egistered agent, or both, in the State            | e of Florida, Such change was               | authorized by the o         | pration's board of directors. I hereby                     | the purpose of changing its registered accept the appointment as registered |
| agent. I ar   | m familiar with, and accept the obli              | gations of, Section 617.0503, Fi            | lorida Statutes.            |  | *n  |
| SIGNATURE _   | Signature, typed or printed name of registered ag | MVC   | TE: Registered Agent signat | - visad vikas estastatina)                                 | DATE  |
| 12.   |   | ND DIRECTORS                                | 13.                         |  | OFFICERS AND DIRECTORS IN 12  |
| TITLE   | D   | DELETE                                      | 1.1 TITLE                   | -  | Change Addition   |
| NAME  | JACKMAN, M S                                      |   | 1.2 NAME                    |  |   |
| STREET ADDRESS  | 330 ROYAL PLAZA DR                                |   | 1.3 STREET ADDRES           |  |   |
| CITY-ST-ZIP   | FT LAUDERDALE FL 33301                            |   | 1.4 CITY-ST-ZIP             |  |   |
| TITLE   | D   | DELETE                                      | 2.1 TITLE                   |  | Change Addition   |
| NAME  | JACKMAN, MICHELE                                  |   | 2.2 NAME                    |  |   |
| STREET ADDRESS  | 330 ROYAL PLAZA DR                                | ı.  | 2.3 STREET ADDRES           |  | · '***  |
| CITY-ST-ZIP   | FT LAUDERDALE FL 33301                            |   | 2. 4 CITY - ST - ZIP        |  |   |
| TITLE   | D   | DELETE                                      | 3.1 TITLE                   | <del></del>  | Change Addition   |
| NAME  | TESCHER, DONALD R                                 |   | 3.2 NAME                    |  |   |
| STREET ADDRESS  | 9100 S DADELAND BLVD #1                           | 1707  | 3.3 STREET ADDRES           |  | J   |
| CITY-ST-ZIP   | MIAMI 33 33156                                    |   | 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                   |  | Change Addition   |
| NAME  |   |   | 5.2 NAME                    |  | ł   |
| STREET ADDRESS  |   |   | 5.3 STREET ADDRESS          |  |   |
| CITY-ST-ZIP   |   | l lactors                                   | 5.4 CITY-ST-ZIP             |  | Change Addition   |
| TITLE   |   | ☐ DELETE                                    | 6.1 TITLE                   |  | ☐ Change ☐ Addition   |
| NAME  |   |   | 6.2 NAME                    |  |   |
| STREET ADDRESS  |   |   | 6.3 STREET ADDRES           |  |   |
| CITY-ST-ZIP   |   | IN 161- CH I I I I I I I                    | 6.4 CITY - ST-ZIP           | Lis Continue (40 07/0)/() Florida Cist.                    | 15 0 35 7 5 7 7   |

14. I nereby certify that the information supplied with this filling 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:

MESON TUBE REQUIRED