

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 09 1997 8:00 am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000001492 (5)**  
 1. Corporation Name

**THE BIRK FAMILY FOUNDATION, INC.**



Principal Place of Business	Mailing Address
11988 S.E. INTRACOASTAL COURT TEQUESTA FL 33469	11988 S.E. INTRACOASTAL COURT TEQUESTA FL 33469-1716

3. Date Incorporated or Qualified <b>03/19/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0661100</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

**9. Name and Address of Current Registered Agent**

**BIRK, ROGER E**  
**11988 S.E. INTRACOASTAL COURT**  
**TEQUESTA FL 33469**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BIRK, ROGER E</b>
STREET ADDRESS	<b>11988 S.E. INTRACOASTAL COURT</b>
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BIRK, MARY L</b>
STREET ADDRESS	<b>11988 S.E. INTRACOASTAL COURT</b>
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BIRK, KATHY A DR.</b>
STREET ADDRESS	<b>80 IDLEWOOD ROAD</b>
CITY-ST-ZIP	<b>ROCHESTER NY 14618</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>COLAS, MARY E</b>
STREET ADDRESS	<b>2912 PLEASANT GLEN DRIVE</b>
CITY-ST-ZIP	<b>HERNDON VA 22071</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BILLSTRAND, BARBARA J</b>
STREET ADDRESS	<b>2721 SILVER MAPLE COURT</b>
CITY-ST-ZIP	<b>FLOWER MOUND TX 75028</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BIRK, STEVEN R</b>
STREET ADDRESS	<b>208 AMBASSADOR DRIVE</b>
CITY-ST-ZIP	<b>RED BANK NJ 07701</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>600002175466</b>
4.3 STREET ADDRESS	<b>-05/12/97--01133--028</b>
4.4 CITY-ST-ZIP	<b>***61.25</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: \_\_\_\_\_ **APRIL, 1997** (561) 744-1066  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER: **ROGER E. BIRK** Date: \_\_\_\_\_ Daytime Phone #: **0044363**

CR2E037 (9/96)