

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 02 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 # N96000001492 (5)
 1. Corporation Name

THE BIRK FAMILY FOUNDATION, INC.



Principal Place of Business 11988 S.E. INTRACOASTAL COURT TEQUESTA FL 33469	Mailing Address 11988 S.E. INTRACOASTAL COURT TEQUESTA FL 33469
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3. Date Incorporated or Qualified 03/19/1996	
4. FEI Number 65-0661100	Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. City & State 27 Zip 29	Country 25	Country 30
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent BIRK, ROGER E 11988 S.E. INTRACOASTAL COURT TEQUESTA FL 33469	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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10. Name and Address of New Registered Agent
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRK, ROGER E	1.2 NAME	
STREET ADDRESS	11988 S.E. INTRACOASTAL COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRK, MARY L	2.2 NAME	
STREET ADDRESS	11988 S.E. INTRACOASTAL COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRK, KATHY A DR.	3.2 NAME	
STREET ADDRESS	60 IDLEWOOD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER NY 14618	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLAS, MARY E	4.2 NAME	
STREET ADDRESS	2912 PLEASANT GLEN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HERNDON VA 22071	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLSTRAND, BARBARA J	5.2 NAME	
STREET ADDRESS	2721 SILVER MAPLE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	FLOWER MOUND TX 75028	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRK, STEVEN R	6.2 NAME	
STREET ADDRESS	208 AMBASSADOR DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	RED BANK NJ 07701	6.4 CITY-ST-ZIP	

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	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: _____ **SIGNATURE REQUIRED**

1/12/98 561-745-1415

CR2E037 (10/97)