

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90254 019 ****61.25

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N96000001513 ✓
 1. Corporation Name
 Richard David Kann Melanoma Task Force, Inc.

Principal Place of Business Mailing Address
 c/o Steven L. Schwarzberg
 777 South Flagler Drive, #300E
 West Palm Beach, FL 33401

3. Date Incorporated or Qualified
 3/15/1996

4. FEI Number Applied For
 65-0633295 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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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
 Schwarzberg, Steven
 c/o Greenberg, Traurig, P.A.
 777 South Flagler Drive, #300E
 West Palm Beach, FL 33401

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 | D/P | <input type="checkbox"/> DELETE |
| NAME | Schwarzberg, Deborah | |
| STREET ADDRESS | 777 South Flagler Drive, #300E | |
| CITY-ST-ZIP | West Palm Beach, FL 33401 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | Schwarzberg, Steven L. | |
| STREET ADDRESS | 777 South Flagler Drive, #300E | |
| CITY-ST-ZIP | West Palm Beach, FL 33401 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | Rosenberg, Steven P. | |
| STREET ADDRESS | 470 Columbia Dr. | |
| CITY-ST-ZIP | West Palm Beach, FL 33401 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | Boswell, Joseph | |
| STREET ADDRESS | 3261 Monet Drive | |
| CITY-ST-ZIP | Palm Beach Gardens, FL 33410 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | Katzen, Lawrence | |
| STREET ADDRESS | 944 S.E. Atlantic Dr. | |
| CITY-ST-ZIP | Hypoluxo Island, FL 33462 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| 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 checked="" type="checkbox"/> Addition |
| 4.2 NAME | Kann, Rachel |
| 4.3 STREET ADDRESS | c/o 777 S. Flagler Dr., #300E |
| 4.4 CITY-ST-ZIP | West Palm Beach, FL 33401 |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Katzen, Jane |
| 5.3 STREET ADDRESS | c/o 777 S. Flagler Dr., #300E |
| 5.4 CITY-ST-ZIP | West Palm Beach, FL 33401 |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Leibovit, Joanne |
| 6.3 STREET ADDRESS | c/o 777 S. Flagler Dr., #300E |
| 6.4 CITY-ST-ZIP | West Palm Beach, FL 33401 |

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: Steve Schwarzberg 4/30/99 (561) 650-7900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-Time Phone

CR2E037 (5/98)