


FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N96000003352</b> 1. Corporation Name <b>The Terry and Morton Shear Private Foundation, Inc.</b>			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 <b>Tuscany E 57</b> Suite Apt. #, etc.		2a. Mailing Address 26 <b>Tuscany E 57</b> Suite, Apt. #, etc.	
22 <b>Kings Pointe</b> City & State		27 <b>Kings Pointe</b> City & State	
23 <b>Delray Beach, FL</b> Zip		28 <b>Delray Beach, FL</b> Zip	
24 <b>33446</b> Country		29 <b>33446</b> Country	
25 <b>Palm Beach</b> Country		30 <b>Palm Beach</b> Country	
3. Date Incorporated or Qualified <b>June 21, 1996</b>		3a. Date of Last Report	
4. FEI Number		<input checked="" type="checkbox"/> 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			
9. Name and Address of Current Registered Agent <b>Steven J. Asarch</b> <b>Steven J. Asarch, P.A.</b> <b>7777 Glades Road, Suite 200</b> <b>Boca Raton, FL 33434</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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	Chairman/President/Secretary <input type="checkbox"/> DELETE		
NAME	Theresa L. Shear		
STREET ADDRESS	Tuscany E 57, Kings Pointe		
CITY-ST-ZIP	Delray Beach, FL 33446		
TITLE	Director <input type="checkbox"/> DELETE		
NAME	Michelle Garelick		
STREET ADDRESS	7143 Ashford Lane		
CITY-ST-ZIP	Boynton Beach, FL 33437		
TITLE	Director <input type="checkbox"/> DELETE		
NAME	Philip Wishna		
STREET ADDRESS	9222 Tivoli Place		
CITY-ST-ZIP	Boca Raton, FL 33437		
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
000002170060 -05/07/97--01093--084 ***61.25		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Terry Shear</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	

CR2E037 (9/96)