


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90072 025 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000003658</b>					
1. Corporation Name <b>AZIZI FOUNDATION, INC.</b>					
Principal Place of Business <b>5053 SE BOLLARD AVENUE STUART FL 34997 US</b>			Mailing Address <b>5053 SE BOLLARD AVENUE STUART FL 34997 US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>07/10/1996</b> 4. FEI Number <b>65-0695127</b> 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>	
9. Name and Address of Current Registered Agent <b>RESNIK, BERNADETTE 5053 SE BOLLARD AVENUE STUART FL 34997</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	DVP	<input type="checkbox"/> DELETE			
NAME	RESNIK, JOHN M				
STREET ADDRESS	5053 SE BOLLARD AVENUE				
CITY-ST-ZIP	STUART FL				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	RESNIK, BERNADETTE				
STREET ADDRESS	5053 SE BOLLARD AVENUE				
CITY-ST-ZIP	STUART FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	BARZ, MARGY				
STREET ADDRESS	PO BOX 9345 N/A				
CITY-ST-ZIP	PORT ST LUCIE FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	MCLENDON, LINDA				
STREET ADDRESS	P.O. BOX 365 N/A				
CITY-ST-ZIP	PALM CITY FL 34990				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	GARTON, SHARON				
STREET ADDRESS	2316 SE GILLETTE AVENUE				
CITY-ST-ZIP	PORT ST. LUCIE FL 34952				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	SANDRA E/FAST				
1.3 STREET ADDRESS	404 SW LOCUST COVE				
1.4 CITY-ST-ZIP	Port Saint LUCIE FL 34986				
2.1 TITLE	PT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	RESNIK, Bernadette				
2.3 STREET ADDRESS	5053 SE BOLLARD AVE				
2.4 CITY-ST-ZIP	STUART Fla. 34997				
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	BARZ, Margy				
3.3 STREET ADDRESS	PO Box 9345 N/A				
3.4 CITY-ST-ZIP	Port St. Lucie FL				
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, with all other like empowered.

SIGNATURE: BERNADETTE RESNIK 3/23/99 561-288-4147  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #