SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

**FILED** AMOUNT DUE ON OR SEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). NONPROFIT FLORIDA DEPARTMENT OF STATE Aug 05 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # N9600003741 (3) WEBMAN FAMILY FOUNDATION, INC. Principal Place of Business Mailing Address 3. Date Incorporated or Qualified 720 CORAL WAY APT 13-E 720 CORAL WAY APT 13-E CORAL GABLES FL 33134 CORAL GABLES FL 33134 <u>07/</u>16/1996 4. FEI Number Applied For 65-0694401 Not Applicable 2. Principal Place of Business Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Sulte, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? ]Yes □ No 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WEBMAN JEFFREY Street Address (P.O. Box Number Is Not Acceptable) M & W AGENTS INC 82 9100 S DADELAND BLVD STE 1707 83 MIAMI FL 33156-7819 84 City LONGWOOD 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

SIGNATURE

1/26/98 Signature, typed or printed name of registered agent and title if applicable E: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE 1.1 TITLE DELETE Addition NAME 1.2 NAME WEBMAN, HAROLD 1.3 STREET ADDRESS 720 CORAL WAY APT 13-E STREET ADDRESS **CORAL GABLES FL 33134** 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 2.1 TITLE Change DELETE WEBMAN, MAKK 2.2 NAME NAME **Web**man, Mark 6100 PARADES POINT DR 2.3 STREET ADDRESS STREET ADDRES **6275** SW 121 STREET MIAMI, FL MAMI FL 33156 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE TITLE DELETE WEBMAN, TEFFREY
360 GOLF BROOK CIRCLE #104 NAME Webman, Jeffrey 3.2 NAME 6625 SANTONA 3.3 STREET ADDRESS STREET ADDRESS LONGWOOD, FL 32779 CORAL GABLES FL 33146 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITLE Channe Addition 4.2 NAME TESCHER, DONALD R 4.3 STREET ADDRESS STREET ADDRES 9100 S DADELAND BLVD STE 1707 4.4 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156-7819 TITLE 51 TITLE DELETE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS

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.

Man VETTERY WEBM YOU OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

CITY-ST-ZIP