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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jan 09 1998 8:00am  
Secretary of State

DOCUMENT # N96000006336 (9)

1. Corporation Name

RABISON FAMILY FOUNDATION, INC.



Principal Place of Business

Mailing Address

1006 EAST CYPRESS DRIVE  
POMPANO BEACH FL 33069

1006 EAST CYPRESS DRIVE  
POMPANO BEACH FL 33069

3. Date Incorporated or Qualified

12/12/1996

4. FEI Number

APPLIED FOR 65-622556

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RABISON, EVELYN  
1006 EAST CYPRESS DRIVE  
POMPANO BEACH FL 33069

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

DELETE

NAME

RABISON, EVELYN

STREET ADDRESS

1006 E. CYPRESS DRIVE

CITY-ST-ZIP

POMPANO BEACH FL

TITLE

VPD

DELETE

NAME

RABISON, SAMUEL D

STREET ADDRESS

112 KENDALL RD

CITY-ST-ZIP

LEXINGTON MA

TITLE

SD

DELETE

NAME

KUTZ-JACOBSON, SUE

STREET ADDRESS

58 USISHKIN ST

CITY-ST-ZIP

TEL AVIV IS

TITLE

T

DELETE

NAME

RABISON, EVELYN

STREET ADDRESS

1006 E. CYPRESS DRIVE

CITY-ST-ZIP

POMPANO BEACH FL

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

Change

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

Change

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Change

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change

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:

Evelyn Rabison (EVELYN RABISON)

Jan 31 1998

(954)

974-6919

CR2E037 (10/97)