

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mertham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N96000006575 (2)
1. Corporation Name
BARRY WISH FAMILY FOUNDATION, INC.



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|--|---|
| Principal Place of Business C/O BARRY N. WISH 115 VIA LA SELVA PALM BEACH FL 33480 | Mailing Address C/O BARRY N. WISH 115 VIA LA SELVA PALM BEACH FL 33480-4823 |
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|--|-------------------------|
| 3. Date Incorporated or Qualified 12/27/1996 | 3a. Date of Last Report |
|--|-------------------------|

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

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|--|--|
| 4. FEI Number 65-0720792 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**PERRY, DAVID L
INTRASTATE REGISTERED AGENT CORPORTION
701 BRICKELL AVE., SUITE 300
MIAMI FL 33131**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------|--|---|
| TITLE D | President | 1.1 TITLE D | Lindsey WISH, Lindsey <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME WISH, BARRY N | | 1.2 NAME | |
| STREET ADDRESS 115 VIA LA SELVA | | 1.3 STREET ADDRESS 115 VIA LA SELVA (Vice President) | |
| CITY-ST-ZIP PALM BEACH FL 33480 | | 1.4 CITY-ST-ZIP PALM BEACH, FLA 33480 | D |
| TITLE D | Secretary | 2.1 TITLE D | WISH, OBLIO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME WISH, JONATHAN ADESS | | 2.2 NAME | |
| STREET ADDRESS 115 VIA LA SELVA | | 2.3 STREET ADDRESS 115 VIA LA SELVA (Vice President) | D |
| CITY-ST-ZIP PALM BEACH FL 33480 | | 2.4 CITY-ST-ZIP PALM BEACH, FLA. 33480 | |
| TITLE D | WISH, STACEY ADESS | 3.1 TITLE D | Silverstein, Stacey ADESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WISH, STACEY ADESS | | 3.2 NAME | |
| STREET ADDRESS 115 VIA LA SELVA | | 3.3 STREET ADDRESS 115 VIA LA SELVA (Treasurer) | D |
| CITY-ST-ZIP PALM BEACH FL 33480 | | 3.4 CITY-ST-ZIP PALM BEACH, FL. 33480 | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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: **BARRY N. WISH** **3/3/97** **561-681-8519**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000234

CFR2E037 (9/96)