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NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006575

1. Corporation Name

BARRY WISH FAMILY FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O BARRY N. WISH
115 VIA LA SELVA
PALM BEACH FL 33480

C/O BARRY N. WISH
115 VIA LA SELVA
PALM BEACH FL 33480



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

12/27/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0720792

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERRY, DAVID L.
INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., SUITE 300
MIAMI FL 33131

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 DP DELETE
NAME WISH, BARRY N
STREET ADDRESS 115 VIA LA SELVA
CITY-ST-ZIP PALM BEACH FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DS DELETE
NAME WISH, JONATHAN ADESS
STREET ADDRESS 115 VIA LA SELVA
CITY-ST-ZIP PALM BEACH FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DT DELETE
NAME SILVERSTEIN, STACEY ADESS
STREET ADDRESS 115 VIA LA SELVA
CITY-ST-ZIP PALM BEACH FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DVP DELETE
NAME WISH, LINDSEY
STREET ADDRESS 115 VIA LA SELVA
CITY-ST-ZIP PALM BCH FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DVP DELETE
NAME WISH, OBLIO
STREET ADDRESS 115 VIA LA SELVA
CITY-ST-ZIP PALM BCH FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE *[Signature]*

Date

Daytime Phone #

D.R. +
Tstee Au. 1/20/99 561 682-8519

CR2E037 (11/98)