

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 29 1997 8:00am  
Secretary of State

DOCUMENT # N97000000517

1. Corporation Name

THE SEGAL FAMILY FOUNDATION, INC.

Principal Place of Business

860 Lakeview Drive  
Miami Beach, FL 33140

Mailing Address

c/o Martin E. Segal, P.A.  
2855 LeJeune Rd., Suite #1101  
Coral Gables, FL 33134

3. Date Incorporated or Qualified  
6/17/96

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0678828

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Martin E. Segal, P.A.  
2855 LeJeune Rd., Suite #1101  
Coral Gables, FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD Rose Segal ☐ DELETE  
NAME 860 Lakeview Drive  
STREET ADDRESS Miami Beach, FL 33140  
CITY-ST-ZIP

TITLE VP/ST Martin E. Segal ☐ DELETE  
NAME 2899 Collins Ave. #PH-K  
STREET ADDRESS Miami Beach, FL 33140  
CITY-ST-ZIP

TITLE VP/D Howard A Segal ☐ DELETE  
NAME 5 Abode Drive  
STREET ADDRESS New Lebanon, NY 12125  
CITY-ST-ZIP

TITLE VP/D Barbara Segal Bernstein ☐ DELETE  
NAME 110 First Terrace  
STREET ADDRESS Key Largo, FL 33037  
CITY-ST-ZIP

TITLE VP/D Ruth S. Segal Goldman ☐ DELETE  
NAME 18141 SW 27th St.  
STREET ADDRESS Miramar, FL 33029  
CITY-ST-ZIP

TITLE VP/D Barry David Segal ☐ DELETE  
NAME 2514 Oakenshield Drive  
STREET ADDRESS Potomac, MD 20854  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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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:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)