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Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000517 (9)**

1. Corporation Name

**THE SEGAL FAMILY FOUNDATION, INC.**

Principal Place of Business

**860 LAKEVIEW DRIVE  
MIAMI BEACH FL 33140**

Mailing Address

**2655 LEJUNE ROAD SUITE 1101  
CORAL GABLES FL 33134**



3. Date Incorporated or Qualified

**06/17/1996**

4. FEI Number

**65-0678828**

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTIN E. SEGAL, P.A.  
2655 LEJUNE ROAD  
SUITE 1101  
CORAL GABLES FL 33134**

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 ☐ DELETE

NAME **PD  
SEGAL, ROSE**  
STREET ADDRESS **860 LAKEVIEW DRIVE**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ DELETE

NAME **VSD  
SEGAL, MARTIN E**  
STREET ADDRESS **2899 COLLINS AVE, PH-K**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ DELETE

NAME **VD  
SEGAL, HOWARD A**  
STREET ADDRESS **5 ABODE DRIVE**  
CITY-ST-ZIP **NEW LEBANON NY 12125**

TITLE ☐ DELETE

NAME **VD  
SEGAL (BERNSTEIN), SKYWARD B**  
STREET ADDRESS **110 FIRST TERRACE**  
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ DELETE

NAME **VD  
SEGAL (GOLDMAN), RUTH S**  
STREET ADDRESS **18141 SW 27TH ST**  
CITY-ST-ZIP **MIAMI FL 33029**

TITLE ☐ DELETE

NAME **VD  
SEGAL, BARRY DAVID**  
STREET ADDRESS **2514 OAKENSHIELD DR**  
CITY-ST-ZIP **POTOMAC MD 20854**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

*MARTIN E. SEGAL v-1*

4/17/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)