

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90038 028 \*\*\*\*61.25

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1. Corporation Name

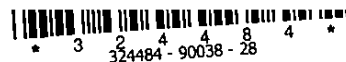
THE SEGAL FAMILY FOUNDATION, INC.

Principal Place of Business

860 LAKEVIEW DRIVE  
MIAMI BEACH FL 33140

Mailing Address

2655 LEJUNE ROAD SUITE 1101  
CORAL GABLES FL 33134



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/17/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0678828

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 25 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 PD  
NAME SEGAL, ROSE  
STREET ADDRESS 860 LAKEVIEW DRIVE  
CITY-ST-ZIP MIAMI BEACH FL 33140

DELETE

1.1 TITLE Change Addition

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

DELETE

2.1 TITLE Change Addition

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

DELETE

3.1 TITLE Change Addition

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

DELETE

4.1 TITLE Change Addition

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

DELETE

5.1 TITLE Change Addition

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

DELETE

6.1 TITLE Change Addition

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 (205) 866-7133

Date

Daytime Phone #

CR2E037 (11/98)