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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000878 (5)**

1. Corporation Name

TRIPP FAMILY FOUNDATION, INC.



Principal Place of Business 110 SOUTHEAST 6TH STREET, 15TH FLOOR FORT LAUDERDALE FL 33301	Mailing Address 110 SOUTHEAST 6TH STREET, 15TH FLOOR FORT LAUDERDALE FL 33301
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2. Principal Place of Business 21 110 SE 6th Street Suite, Apt. #, etc. 22 15th Floor City & State 23 Fort Lauderdale, FL Zip 24 33301	2a. Mailing Address 26 110 SE 6th Street Suite, Apt. #, etc. 27 15th Floor City & State 28 Fort Lauderdale, FL Zip 29 33301 Country 25 USA
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3. Date Incorporated or Qualified 02/17/1997	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0730801	
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent TRIPP, NORMAN D 110 SOUTHEAST 6TH STREET, 15TH FLOOR FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent 81 Name Norman D. Tripp 82 Street Address (P.O. Box Number is Not Acceptable) 110 SE 6th Street 83 15th Floor 84 City Fort Lauderdale FL 85 Zip Code 33301

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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]* DATE **Jan 9, 98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> DELETE Norman D. Tripp 110 SE 6th St., 15th Floor Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary and Treasurer <input type="checkbox"/> DELETE Jane G. Tripp 110 SE 6th St., 15th Floor Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> DELETE Christine P. Yates 110 SE 6th St., 15th Floor Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> DELETE Jennifer E. Willis 110 SE 6th Street, 15th Floor Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> DELETE Norman S. Tripp 110 SE 6th St., 15th Floor Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> DELETE Michael M. Tripp 110 SE 6th Street, 15th Floor Fort Lauderdale, FL 33301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Norman D. Tripp 110 SE 6th Street, 15th Floor Fort Lauderdale, FL 33301
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Secretary, Treasurer, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jane G. Tripp 110 SE 6th St., 15th Floor Fort Lauderdale, FL 33301
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *1/9/98 954 525-7502*

CR2E037 (10/97)