
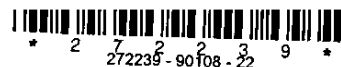


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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90093 040 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000002852					
1. Corporation Name JOYCE C. FISHER FOUNDATION, INC.					
Principal Place of Business 440 ROYAL PALM WAY, STE. 200 PALM BEACH FL 33480			Mailing Address 440 ROYAL PALM WAY, STE. 200 PALM BEACH FL 33480		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	05/15/1997	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0754318	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
YUDENFREUND, JOEL H 440 ROYAL PALM WAY, STE. 200 PALM BEACH FL 33480				81 Name L. Frank Chopin			
				82 Street Address (P.O. Box Number is Not Acceptable) 440 Royal palm way			
				83 Suite 200			
				84 City Palm Beach			
				FL 85 Zip Code 33480			
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 617.1503, Florida Statutes.							
SIGNATURE				DATE			
<i>[Signature]</i>				3/25/99			

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PSTD NAME FISHER, JOYCE C STREET ADDRESS 700 N LAKE WY CITY-ST-ZIP PALM BCH FL				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE D NAME PARKS, EDWARD M STREET ADDRESS 274 NORTHWESTERN HWY CITY-ST-ZIP SOUTHFIELD MI				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE D NAME HAERKAMP, CLAYTON M STREET ADDRESS 350 POINCIANA PLAZA, STE 2C CITY-ST-ZIP PALM BCH FL				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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, with all other like empowered.

SIGNATURE: *[Signature]*
 Joy C. Fisher

4/8/99 \$61.655-6900

CR2E037 (1/98)