


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90091 008 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000003059**

1. Corporation Name  
**THE SAMUEL AND ANNA MARION CHARITABLE FOUNDATION, INC.**

Principal Place of Business 5840 BRIDLEWAY CIRCLE BOCA RATON FL 33496	Mailing Address 5840 BRIDLEWAY CIRCLE BOCA RATON FL 33496
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/23/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 31-1538384
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/>
		<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		<b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HCRM CORP 2200 CORPORATE BLVD NW STE 401 BOCA RATON FL 33431	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARION, SAMUEL	1.2 NAME	
STREET ADDRESS	5840 BRIDLEWAY CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARION, ANNA	2.2 NAME	
STREET ADDRESS	5840 BRIDLEWAY CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, RICKY S	3.2 NAME	
STREET ADDRESS	1460 RT 8 NO STE 203	3.3 STREET ADDRESS	
CITY-ST-ZIP	WOODBRIEGE NJ 07095	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	LESTER MARION
STREET ADDRESS		4.3 STREET ADDRESS	3800 BELLWOOD ROAD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ROBERT MARION
STREET ADDRESS		5.3 STREET ADDRESS	322 Southberry Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MAMARANACK, NY 10543
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 empowerments.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED *Samuel Marion* 4/29/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)