

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
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90054 037 ****70.00

DOCUMENT # N97000006278

1. Corporation Name

THE PPGM FOUNDATION, INC.

Principal Place of Business

2900 BRIDGEPORT AVENUE

~~SUITE 320~~

COCONUT GROVE FL 33133-3606

Mailing Address

2900 BRIDGEPORT AVENUE

~~SUITE 320~~

COCONUT GROVE FL 33133-3606



2. Principal Place of Business

21

Suite, Apt. #, etc.

third floor

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

third floor

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/06/1997

4. FEI Number

APPLIED FOR 311591828

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

TITLE D ☒ DELETE

NAME COHEN, VICTORIA
STREET ADDRESS ONE GROVE ISLE DR #1205
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE D ☐ DELETE

NAME NAPIER, LISA D
STREET ADDRESS 100 SE 2ND STREET #2500
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ DELETE

NAME SHEHAN, JEAN D
STREET ADDRESS 7800 RED ROAD #224
CITY-ST-ZIP SOUTH MIAMI FL 33143

TITLE D ☐ DELETE

NAME PRYOR JOHNSON, ELIZABETH
STREET ADDRESS 100 SE 2ND STREET, SUITE 1800
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ DELETE

NAME SWENSON, EDWARD F.
STREET ADDRESS 2699 S. BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, VC ☐ Change ☒ Addition

1.2 NAME Seabrook, Bruce
1.3 STREET ADDRESS 3564 ST. GAUDENS RD.
1.4 CITY-ST-ZIP COCONUT GROVE FL 33133

2.1 TITLE DT ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D, S ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE DC ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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

Feb. 10, 1999 (305) 441-6677

Date

Daytime Phone #

CR2E037 (11/98)