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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006380 (6)
1. Corporation Name
THE FREDRIC FENSTERMACHER FOUNDATION, INC.



Principal Place of Business		Mailing Address	
210 W RIVO ALTO DR MIAMI BEACH FL 33139		210 W RIVO ALTO DR MIAMI BEACH FL 33139	
21	2a. Mailing Address	26	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Country

3. Date Incorporated or Qualified
11/06/1997

4. FFI Number
65-0799664

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

FENSTERMACHER, FREDRIC
210 W RIVO ALTO DR
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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: *Fredric Fenstermacher* FREDRIC FENSTERMACHER DATE: 1/5/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> DELETE
NAME	FREDRIC FENSTERMACHER	
STREET ADDRESS	210 W. RIVO ALTO DR	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ELSA JOHNSON, CPA	
2.3 STREET ADDRESS	1900 GLADES RD	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DON FRIEDMAN	
3.3 STREET ADDRESS	1733 CORAL GARDENS DR	
3.4 CITY-ST-ZIP	WILTON MANORS, FL 33334	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Fredric Fenstermacher* FREDRIC FENSTERMACHER, PRES 1/5/98 305-531-7805

(NOTE: Registered Agent signature required when reinstating)

CR2E037 (10/97)