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
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90001 004 ****61.25

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DOCUMENT # **N98000000046**

1. Corporation Name
THE BOTWAY FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
204 LASALLE SAN CLEMENTE CA 92672	204 LASALLE SAN CLEMENTE CA 92672

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/06/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 58-2363346 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DONOFF, CRAIG 18305 BISCAYNE BLVD #300 AVENTURA FL 33160	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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOTWAY, LLOYD		1.2 NAME		
STREET ADDRESS	204 LASALLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SAN CLEMENTE CA 92672		1.4 CITY-ST-ZIP		
TITLE	SD	☑ DELETE	2.1 TITLE	(SECRETARY) SD	☐ Change ☑ Addition
NAME	DONOFF, CRAIG		2.2 NAME	LEONARD J. SMITH	
STREET ADDRESS	18305 BISCAYNE BLVD #300		2.3 STREET ADDRESS	451 IVES DAIRY RD, #202	
CITY-ST-ZIP	AVENTURA FL 33160		2.4 CITY-ST-ZIP	MIAMI FL 33179	
TITLE	TD	☑ DELETE	3.1 TITLE	(TREASURER) TD	☐ Change ☑ Addition
NAME	RATNER, RYAN S		3.2 NAME	MAURICE W. WILLEY	
STREET ADDRESS	18305 BISCAYNE BLVD #300		3.3 STREET ADDRESS	4755 S. BOND ST.	
CITY-ST-ZIP	AVENTURA FL 33160		3.4 CITY-ST-ZIP	SEATTLE WA 98118	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: ~~Lloyd F. Botway~~ Lloyd F. Botway — 4/16/1999 — 949 728 4222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #