

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 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90118 007 \*\*\*\*61.25

DOCUMENT # **N98000002877**

1. Corporation Name

**THE DAVID MARGOLIS AND MILDRED MARGOLIS FAMILY F  
FOUNDATION, INC.**

Principal Place of Business  
**6 PELICAN ISLE  
FT LAUDERDALE FL 33301**

Mailing Address  
**6 PELICAN ISLE  
FT LAUDERDALE FL 33301**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**05/20/1998**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**65-0838694**

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DONOFF, CRAIG  
6100 GLADES ROAD  
SUITE 204  
BOCA RATON FL 33434**

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

**Craig Donoff**

**02/19/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **MARGOLIS, DAVID**  
STREET ADDRESS **6 PELICAN ISLE**  
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **MARGOLIS, MILDRED**  
STREET ADDRESS **6 PELICAN ISLE**  
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

1.2 NAME ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **MARGOLIS, RICHARD S**  
STREET ADDRESS **6 PELICAN ISLE**  
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **FORMAN, JANEY**  
STREET ADDRESS **6 PELICAN ISLE**  
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

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 REQUIRED**

**2/24/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)