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0032139

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000005365

1. Corporation Name
FAY AND RICHARD ZINN FAMILY FOUNDATION, INC.

4 21556-1 5 90252-5 6

Principal Place of Business
 9350 BAY HARBOR DR. W.
 BAY HARBOR ISLANDS FL 33154

Mailing Address
 9350 BAY HARBOR DR. W.
 BAY HARBOR ISLANDS FL 33154



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 9350 W. Bay Harbor Drive		26 9350 W. Bay Harbor Drive		09/16/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Apt # 5A		27 Apt # 5A		65-0873169	
City & State		City & State		Applied For	
23 Bay Harbor Islands, FL		28 Bay Harbor Islands, FL		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/>	
24 33154 25		29 33154 30		\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
M & W AGENTS, INC. 2101 CORPORATE BLVD., STE. 107 BOCA RATON FL 33431				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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. (NOT 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZINN, FAY	1.2 NAME	
STREET ADDRESS	9350 BAY HARBOR DR. W.	1.3 STREET ADDRESS	9350 W. Bay Harbor Drive, Apt 5A
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	1.4 CITY-ST-ZIP	Bay Harbor Islands, FL 33154
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZINN, RICHARD	2.2 NAME	
STREET ADDRESS	5780 S.W. 119 ST.	2.3 STREET ADDRESS	1705 Northwest 48th St., Ste 110
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINHARD, SANFORD	3.2 NAME	
STREET ADDRESS	2875 N.E. 191ST ST., STE. 404	3.3 STREET ADDRESS	2875 N.E. 191st St., Ste 404
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	3.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: April 24, 1999
 Daytime Phone #: 305-861-1446

CR2E037 (11/98)