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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000005512

1. Corporation Name
RUSSO FOUNDATION, INC.

* 5 4 3 6 2 1 *
543621 - 90006 - 39

Principal Place of Business	Mailing Address
5400 SOUTH UNIVERSITY DRIVE SUITE 405 DAVIE FL 33328	5400 SOUTH UNIVERSITY DRIVE SUITE 405 DAVIE FL 33328

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/24/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0867680 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate 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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: BARBARA CALANO
82 Street Address (P.O. Box Number is Not Acceptable): 5400 S UNIVERSITY DR #405
83
84 City: DAVIE FL 85 Zip Code: 33328

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: Barbara Calano BARBARA B. CALANO 4/12/99
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	PD	☐ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	CALANO, MARTIN J		1.2 NAME	CALANO, MARTIN J	
STREET ADDRESS	5400 SOUTH UNIVERSITY DRIVE		1.3 STREET ADDRESS	5400 S UNIVERSITY DR #405	
CITY-ST-ZIP	DAVIE FL 33328		1.4 CITY-ST-ZIP	DAVIE FL 33328-6105	
TITLE	VD	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARGOLIS, JOHN G		2.2 NAME		
STREET ADDRESS	5400 SOUTH UNIVERSITY DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33328		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE	STD	☑ Change ☐ Addition
NAME	HERNANDEZ, FRANK C		3.2 NAME	HERNANDEZ, FRANK C	
STREET ADDRESS	5400 SOUTH UNIVERSITY DRIVE		3.3 STREET ADDRESS	5400 S UNIVERSITY DR #405	
CITY-ST-ZIP	DAVIE FL 33328		3.4 CITY-ST-ZIP	DAVIE FL 33328-6105	
TITLE	DIRECTOR - D	☐ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	CALANO, BARBARA B		4.2 NAME	CALANO, BARBARA B	
STREET ADDRESS	5400 S UNIVERSITY DR #405		4.3 STREET ADDRESS	5400 S UNIVERSITY DR #405	
CITY-ST-ZIP	DAVIE FL 33328		4.4 CITY-ST-ZIP	DAVIE FL 33328-6105	
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		

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: MARTIN J. CALANO SIGNATURE REQUIRED 4/12/99 954-680-4782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CK #1826

CR2E037 (11/98)