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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16664

(7)

THE IRVING & DOROTHY ROM CHARITABLE FOUNDATION, INC.

## FILED Jan 17 1997 8:00am Secretary of State



i imorpar i lace	e of Business	Mailing Address						
9800 BREAKERS WEST TERRACE WEST PALM BEACH FL 33411		9800 BREAKERS WEST TERRACE WEST PALM BEACH FL 33411-1863						
TO THEM OF	NOTIFE 30411	WEST THEM SENSOT PER			3. Date incorporated or Qualified 09/05/1986	3a. Date of 03/	Last Re <b>)4/199</b>	port <b>6</b>
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·	App	olied For
1		26		. · ·	59-2730088		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			dditional
2		27			3. Certificate of Status Desired		Fee Rec	quired
City & State	9	City & State			6. Election Campaign Financing		5.00	May Be
3		28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country	y	8. This corporation has liability for i			199.032,
4	25	29	30			Yes No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	glatered Ager	<u>ıt</u>	
			81	Name				
rom, ir			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
9800 BREAKERS WEST TERRACE			Ĺ					
X			83					
WEST PA	ALM BEACH FL 33411		84	City		85	Zip C	ode
			"	, O.,		FL   <sup>®</sup>		.000
<ol> <li>Pursuant r office or r</li> </ol>	to the provisions of Sections 617.05 egistered agent, or both, in the Stat	02 and 617.1508, Florida Stati e of Florida, Such change was	utes, the abov Leuthorized b	e-named cor v the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of cha-	nging its nent as r	registere eoistered
agent I a	m familiar with, and accept the oblig	gations of Section 617.0503, F	lorida Statute	y (116 00) port 8.	andres board of directors. Thoroby accept	ot the appointm	ioni as i	agiotoroa
NONATURE								
SILSINA LURE								
	Signature, typed or printed name of registered as			ent signature requ	uired when reinstating)	DATE		
2.	OFFICERS AT	ND DIRECTORS	13.	ent signature requ	uited when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DIR		
2.	OFFICERS AT			ent signature req		ERS AND DIR	ECTORS	
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I do 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 of supplemental annual report is true and/accurate and that my signature shall have the same legal effect as if made under oath; the Lam an officer or director of the corporation of 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, do not an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

10/97

16 - 177-Y 106 Dayume Phone # 0041060