FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY ... AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N35766** **(7)**

1. Corporation Name

THE MILTON AND TAMAR MALTZ FAMILY FOUNDATION, IN C.

Principal Place of Business	Mailing Address
4300 SOUTH U.S. HIGHWAY 1 #203-328 JUPITER FL 33477-1124	4300 SOUTH U.S. HIGHWAY 1 #203-328 JUPITER FL 33477-1124

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/21/1989**
3a. Date of Last Report: **07/21/1994**
4. FEI Number: **65-0164300** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ (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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	MALTZ, MILTON S.	1.2 NAME	
STREET ADDRESS	4300 S. US HWY. 1 #203-328	1.3 STREET ADDRESS	
CITY ST ZIP	JUPITER FL 33477	1.4 CITY ST ZIP	
TITLE	DS	2.1 TITLE	☐ Change ☐ Addition
NAME	MALTZ, THELMA	2.2 NAME	
STREET ADDRESS	4300 S. US HWY. 1 #203-328	2.3 STREET ADDRESS	
CITY ST ZIP	JUPITER FL 33477	2.4 CITY ST ZIP	
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	MALTZ, DANIEL	3.2 NAME	
STREET ADDRESS	3957 GROSVENOR	3.3 STREET ADDRESS	
CITY ST ZIP	SOUTH EUCLID OH	3.4 CITY ST ZIP	
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	MALTZ, DAVID	4.2 NAME	
STREET ADDRESS	17701 SHAKER BLVD.	4.3 STREET ADDRESS	
CITY ST ZIP	SHAKER HGTS OH	4.4 CITY ST ZIP	
TITLE	DV	5.1 TITLE	☐ Change ☐ Addition
NAME	KONIGSBERG, JULIE E.	5.2 NAME	
STREET ADDRESS	4375 NORTH VENTANA LOOP	5.3 STREET ADDRESS	
CITY ST ZIP	TUCSON AZ	5.4 CITY ST ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: David Maltz David Maltz — 4/29/95 — 216-515-7002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012803