

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N38809** (2)  
1. Corporation Name  
**MARION L. & LESTER STERNFELS FOUNDATION, INC.**



Principal Place of Business: 1920 SOUTH OCEAN DRIVE APT. 9-C HALLANDALE FL 33009  
Mailing Address: 1920 SOUTH OCEAN DRIVE APT. 9-C HALLANDALE FL 33009

3. Date incorporated or Qualified: 06/25/1990  
3a. Date of Last Report: 02/20/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0201319	Not Applicable
22	23	27	28	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State		<input type="checkbox"/>	
24	25	29	30	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip		Zip		<input type="checkbox"/>	
	Country		Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KLEIN, THEODORE J., ESQUIRE 16855 N.E. 2ND AVENUE SUITE 301 NORTH MIAMI BEACH FL 33162				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	STERNFELS, MARION L.		1 2 NAME				
STREET ADDRESS	1920 SOUTH OCEAN DR.		1 3 STREET ADDRESS				
CITY - ST - ZIP	HALLANDALE FL		1 4 CITY - ST - ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ISAACS, JOHN L.		2 2 NAME				
STREET ADDRESS	1920 SOUTH OCEAN DR.		2 3 STREET ADDRESS				
CITY - ST - ZIP	HALLANDALE FL		2 4 CITY - ST - ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KAPLAN, DOUGLAS C., ESQ		3 2 NAME				
STREET ADDRESS	1915 HARRISON ST.		3 3 STREET ADDRESS				
CITY - ST - ZIP	HOLLYWOOD FL		3 4 CITY - ST - ZIP				
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 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: Marion L. Sternfels January 25, 1996 456-4675  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)