


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90056 022 ****61.25

DOCUMENT # N95000006025
 1. Entity Name
HOLLANDER BROTHERS FOUNDATION, INC.



Principal Place of Business
 3109 STIRLING ROAD
 SUITE 200
 FORT LAUDERDALE, FL 33312

Mailing Address
 3109 STIRLING ROAD
 SUITE 200
 FT. LAUDERDALE, FL 33112

34060000



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02132004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
 65-0632111

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HOLLANDER, WALTER J
 3109 STIRLING ROAD
 SUITE 200
 FT. LAUDERDALE, FL 33112

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLANDER, WALTER J	
STREET ADDRESS	3109 STIRLING RD., SUITE 200	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33112	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLANDER, DAVID G	
STREET ADDRESS	3109 STIRLING RD., SUITE 200	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33112	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABRAHAM, RONALD D	
STREET ADDRESS	2699 STIRLING RD. SUITE B-100	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **David G. Hollander** **2.16.04** **954-962-9100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #