


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
**3109 STIRLING ROAD**      **3109 STIRLING ROAD**  
**SUITE 200**      **SUITE 200**  
**FORT LAUDERDALE, FL 33312**      **FT. LAUDERDALE, FL 33112**



**DO NOT WRITE IN THIS SPACE**

03162005 No Chg-NP      CR2E037 (10/03)

4. FEI Number <b>65-0632111</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLANDER, WALTER J 3109 STIRLING RD., SUITE 200 FT. LAUDERDALE, FL 33112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLANDER, DAVID G 3109 STIRLING RD., SUITE 200 FT. LAUDERDALE, FL 33112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAHAM, RONALD D 2699 STIRLING RD. SUITE B-100 FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000271050  
 03/21/05-80031-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** WALTER J. HOLLANDER      Date (954) 962-9700      Daytime Phone #