

FILE NOW: FILING FEE IS \$61.25

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May 21, 1999 8:00 am  
Secretary of State

05-21-1999 90002 025 \*\*\*\*61.25

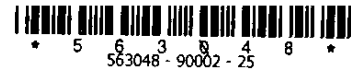
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| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N97000007176**

1. Corporation Name  
**SCHIAVONE FAMILY FOUNDATION, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>OCEAN REEF CLUB<br/>33 CARDINAL LANE<br/>KEY LARGO FL 33037</b> | Mailing Address<br><b>C/O G. M. VASEL<br/>1600 PATERSON PLANK RD<br/>SECAUCUS NJ 07094<br/>US</b> |
|---|---|



|                                      |                           |  |
|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br><b>12/29/1997</b>   |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br><b>65-0795617</b>   |
| City & State<br>23                   | City & State<br>28        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |
| Zip<br>24                            | Country<br>25             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |

|  |  |   |           |
|--|--|---|-----------|
| 9. Name and Address of Current Registered Agent  |  | 10. Name and Address of New Registered Agent          |           |
| <b>SCHIAVONE, RONALD A<br/>OCEAN REEF CLUB<br/>33 CARDINAL LANE<br/>KEY LARGO FL 33037</b> |  | 81 Name   |           |
|  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |           |
|  |  | 83  |           |
|  |  | 84 City   | <b>FL</b> |
|  |  | 85 Zip Code   |           |

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

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SCHIAVONE, RONALD A</b>               | 1.2 NAME  |   |
| STREET ADDRESS             | <b>OCEAN REEF CLUB, 33 CARDINAL LANE</b> | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>KEY LARGO FL 33037</b>                | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SCHIAVONE, JEAN R</b>                 | 2.2 NAME  |   |
| STREET ADDRESS             | <b>OCEAN REEF CLUB, 33 CARDINAL LANE</b> | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>KEY LARGO FL 33037</b>                | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SCHIAVONE, CHRISTOPHER</b>            | 3.2 NAME  |   |
| STREET ADDRESS             | <b>5 COLLINS DRIVE</b>                   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MORRISTOWN NJ 07960</b>               | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DIALFONSO, ELISSA</b>                 | 4.2 NAME  |   |
| STREET ADDRESS             | <b>247 LONG MEADOW ROAD</b>              | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BEDMINSTER NJ 07921</b>               | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DIMAGGIO, CORA</b>                    | 5.2 NAME  |   |
| STREET ADDRESS             | <b>288 MORNING GLORY CT</b>              | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>WHITEHOUSE STATION NJ 08889</b>       | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PIRTLE, JAMES A</b>                   | 6.2 NAME  |   |
| STREET ADDRESS             | <b>79 MEADOW ROAD</b>                    | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>WHITEHOUSE STATION NJ 08889</b>       | 6.4 CITY-ST-ZIP                                       |   |

14. 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 5/12/99 801-5070  
Date Daytime Phone #

CR2E037 (1/98)