FILED FILE NOW: FILING FEE IS \$61.25 NONPROFIT Mar 12 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (6)N18480 HAROLD E. SIMON CHARITABLE FOUNDATION, INC. Principal Place of Business Mailing Address 8280 MUIRHEAD CIRCLE 8280 MUIRHEAD CIRCLE 3. Date Incorporated or Qualified **BOYNTON BEACH FL 33437** BOYNTON BEACH FL 33437 <u>12/29/1986</u> 4. FEI Number Applied For 59-2747958 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes □ No Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 24 Yes 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HAROLD E. SIMON Street Address (P.O. Box Number is Not Acceptable) **8280 MUIRHEAD CIRCLE BOYNTON BEACH FL 33437** 63 84 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE □ DELETE 1.1 TITLE Change ■ AddItion NAME SIMON, HAROLD E 1.2 NAME **8280 MUIRHEAD CIRCLE** STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP **VSD** DELETE TITLE 2.1 TITLE ☐ Change ☐ Addition SIMON, DAVID F NAME 2.2 NAME **8280 MUIRHEAD CIRCLE** STREET ADDRESS 2.3 STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP D XIXIAO, JUDY DELETE TITLE Change Addition 3.1 TITLE NASAF 3.2 NAME **8280 MUIRHEAD CIRCLE** STREET ADDRESS 3.3 STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-ST-ZiP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME

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 charged, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

Change

Addition

5.4 CITY - ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE SAME SOUND FOREST

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME