FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N9700006885

1. Corporation Name

THE MARVIN AND MARILYN WEISSGLASS FAMILY FOUNDAT ION, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

2a. Mailing Address

26

980 NORTH FEDERAL HIGHWAY SUITE 205 BOCA RATON FL 33432 980 NORTH FEDERAL HIGHWAY SUITE 205 BOCA RATON FL 33432

FILED Mar 25, 1999 8:00 am § Secretary of State

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3. Date incorporated or Qualifed

12/11/1997

Suite, Apt.	#, etc.	Suite, A	pt. #, etc.			4. FEI Numbe			Арг	plied For	
22	, .	27				65-07986	§18		No	t Applicable	
City & State	9	City & S	State			E 0 115 1	f Chahar Daniand		\$8.75 A	dditional	
23	•	28				5. Certificate o	f Status Desired		Fee Re	quired .	
Zip	Country	Zip	. ,	Country	'	6. Election Ca	mpaign Financing		\$5.00	May Be	
24	25	29	30	1		I	Contribution		Added to		
24	9. Name and Address of Current			'		10. Name and	Address of New I	Registered A	Agent		
				81	Name :					ļ	
				<u> </u>	<u> </u>						
BLOCH, STUART E 980 NORTH FEDERAL HIGHWAY SUITE 205 BOCA RATON FL 33432				82	82 Street Address (P.O. Box Number is Not Acceptable)						
				83	83						
•				84	City		.	C1	85 Zip C	Code	
								FL	-1		
office or n	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such	chande was autho	orizea ov	the corporation	oration submits things the contract of direct	s statement for the tors. I hereby acce	pt the appoir	orizinging its ntment as rec	jistered	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Rec	istered Age	nt signature required	when reinstating)		DATE			
12.	OFFICERS AND			13.			CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12	
TITLE	D		☐ DELETE	1.1 TITLE	-				☐ Change	☐ Addition	
NAME	WEISSGLASS, MARILYN			1.2 NAME							
	980 NORTH FEDERAL HIGHWAY	CHITE ONE			T ADDRESS						
STREET ADDRESS	T T T T T T T T T T T T T T T T T T T	SUITE 203		1.4 CITY-S							
CITY-ST-ZIP	BOCA RATON FL 33432		DELETE	2.1 TITLE	1-21				Change	Addition	
TITLE	D		022272	2.2 NAME							
NAME	WEISSGLASS, JEFFREY	OUTE OAF			T. 4000000	•					
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY	SUITE 205			TADDRESS]	
CITY-ST-ZIP	BOCA RATON FL 33432	 ,	C7	2. 4 CITY-5	ST-ZIP				☐ Change	Addition	
TITLE	D		☐ DELETE	3.1 TITLE					□ Citalige	L. Addison	
NAME	BAREL, KAREN			3.2 NAME							
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY	SUITE 205		3.3 STREE	TADDRESS						
CITY-ST-ZIP	BOCA RATON FL 33432			3.4. CITY-5	ST-ZIP	:					
TITLE			☐ DELETE	4.1 TITLE	}				Change	☐ Addition (
NAME				4. 2 NAME						l	
STREET ADDRESS				4.3 STREE	TADORESS						
CITY-ST-ZiP				4.4 CITY-S	T-ZIP						
TITLE			☐ DELETE	5.1 TITLE					☐ Change	☐ Addition	
NAMF				5.2 NAME						}	
STREET ADDRESS	Section 1997			5.3 STREE	TADDRESS			•			
1		-		5.4 CITY-S	T-ZIP				•		
CITY-ST-ZIP	مريد يعور عود ماهاي والسو	•	☐ DELETE	6.1 TITLE					☐ Change	Addition	
		•		6.2 NAME		•			- •	_	
NAME					TADDRESS				•	į	
STREET ADDRESS							-				
CITY-ST-ZIP		T		6.4 CITY-S		Parties 410 07/2)/	\ Elorida Statutos	I further cor	tifu that the i	nformation	
14. I hereby	certify that the information supplied with	this filing does	s not quality for the	e exempt	ion stated in S	ection 119.07(3)(i), Florida Statutes.	i iui aler cer if made und	ery undituid li	laman	

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: MOUSIAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-994-8880 Daytime Phone # CR2E037-(41/9