

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90076 005 ****70.00

60008372



01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0040888	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAM K. ISAACSON,
C/O LANG MANAGEMENT
21045 COMMERCE TRAIL
BOCA RATON, FL 33486

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GOLD, ANNE
STREET ADDRESS 17152 HUNTINGTON PARK WAY
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE TD
NAME ROSENTHAL, ALLAN
STREET ADDRESS 17096 HUNTINGTON PARK WAY
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE VP
NAME HIRSCH, HOWARD
STREET ADDRESS 17192 HUNTINGTON PARK WAY
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE D
NAME KAGAN, CLAIRE
STREET ADDRESS 5666 HUNTINGTON PKWY
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE S
NAME ~~LEE~~ FABRICANT, EDWARD
STREET ADDRESS 5658 HUNTINGTON PARK CT
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALLAN ROSENTHAL

TREAS

4/16/07