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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **705063** (6)

1. Corporation Name

THE 682 FOUNDATION, INCORPORATED

Principal Place of Business

15947 N.E. 19TH PL
P.O. BOX 600455
NORTH MIAMI BEACH FL 33162

Mailing Address

BEATRICE TREPPER
700 S. HOLLYBROOK DR., APT 206 BLDG55
PEMBROKE PINES FL 33025



3. Date Incorporated or Qualified
01/17/1963

3a. Date of Last Report
09/03/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-6153433

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TREPPER, BEATRICE (Treasurer/Secretary)
700 S HOLLYBROOK DRI
BLDG 55 / APT - 206
PEMBROKE PINES FL 33025

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Beatrice Trepper
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/97

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **GROMET, HERMAN**
STREET ADDRESS **1855 NE 159 STREET**
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE **VP** ☐ DELETE
NAME **FERBER, EUGENE**
STREET ADDRESS **231 174TH STREET / STE - 301**
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE **P** ☐ DELETE
NAME **SCHNEIDER, WILLIAM**
STREET ADDRESS **231 174 STREET / STE - 2405**
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE **D** ☐ DELETE
NAME **LIEBMAN, LEON**
STREET ADDRESS **1101 SW 128TH TERRACE / STE - 209**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **D** ☐ DELETE
NAME **LEVINE, RALPH**
STREET ADDRESS **2880 N.E. 203RD STREET., #1**
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE **TS** ☐ DELETE
NAME **TREPPER, BEATRICE**
STREET ADDRESS **700 S. HOLLYBROOK DR., APT #206 BLDG 55**
CITY-ST-ZIP **PEMBROKE PINES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **NOW VICE-PRESIDENT**

1.3 STREET ADDRESS *Herman Gromet*

1.4 CITY-ST-ZIP ☒ Change ☐ Addition

2.1 TITLE **NOW DIRECTOR**

2.2 NAME *Eugene Ferber*

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP **NOW PRESIDENT**

3.1 TITLE *William Schneider*

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS **NOW DIRECTOR**

3.4 CITY-ST-ZIP *Leon Lieberman*

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **NOW DIRECTOR**

4.3 STREET ADDRESS *Ralph Levine*

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE **NOW TREASURER/SECY.**

5.2 NAME *Beatrice Trepper*

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0078091

CP2E037 (9/96)