FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

(8)

~	DARON	DELLIBOOLI	MEVED	FOUNDATION
THE	HAR()N	DEHIRSUH	MEYER	FUUNDATION

Principal Place of Business C/O POLLY DE HIRSCH MEYER 407 LINCOLN RD SUITE 6J MIAMI BEACH FL 33139		C/O POLLY DE HIRSCH MEYER 407 LINCOLN RD SUITE 6J MIAMI BEACH FL 33139								
					Date Incorporated or Qualified 08/30/1974	ate of Last Report 04/10/1995				
		Da Malling Address				4. FEI Number		Applied For		
	Place of Business	2a. Mailing Address			59-6129646 Not April					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Addition Fee Required					
City & St	ate	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
23 Zip	Country	Ζιρ	30 Co.	Jntry	- -		Yes 🔲	No		
24	9. Name and Address of Curr			T		10. Name and Address of New Re	gistered	Agent		
BARASH, ESQ., A. JEFFREY 1140 KANE CONCORUSE BAY HARBOR ISLANDS FL 33154				81 82						
				83						
				84	- 7		FL	85 Zip Code		
	stered agent, or both, in the State of Fi r with, and accept the obligations of, S	ection 617.0503, Florida Stat	utes.	00.7		ration submits this statement for the purp rd of directors. Thereby accept the appo	DATE			
		AND DIRECTORS	13			ADDITIONS CHANGES TO OFF				
12. TULF	SD	DELETE	11	THLE				Change Addition		
NAME	STEADMAN, MARTIN L.		1.2	NAME						

13 STREET ADDRESS 4401 POST AVENUE STREET ADDRESS 1.4 CITY - ST - ZIP MIAMI BEACH FL CITY - ST - ZIP Add : on Change DELETE 2.1 THEE HILE 2.2 NAME DE HIRSCH MEYER, POLLY NAME 2.3 STREET ADDRESS 5255 COLLINS AVENUE STREET ADDRESS 2 4 CITY - ST - ZIF MIAMI BEACH FL CITY - ST - ZIP ☐ Addition Change DELETE 3 1 TIFLE THILE 3.2 NAME WILLIAMS, MARIE NAME 3 3 STREET ADDRESS 3515 CRYSTAL COURT STREET ADDRESS 3.4 CITY-SI-ZIP MIAMI FL Addition CITY - ST - ZIP Change DELETE 4.1 TiTLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.C:TY - ST - ZIP CITY - ST - ZIP ☐ Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - S1 - ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TIFLE 6.2 NAME C NAME 63 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 certify that I am an other 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 approar in Plack 13 or Florida Statutes and that my name approar in Plack 13 or Florida Statutes. appears in BI

SIGNATURE