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NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 21 1997 8:00am

Secretary of State

Daytime Phone # 0041263

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

| SAVES EDUCATIONAL FOUNDATION, INC. | | | | | |
|--|--|----------------------------------|---|---|--|
| Principal Place | of Business | Mailing Address | | - FIRMAN NAMED AND AND AND AND AND AND AND AND AND AN | ilik bibil bibil bibil bibil bibil bibil bibil bibil |
| 1490 S. MILITAR | RY TR. | 1490 S. MILITARY TR. | | | |
| SUITE 13E SUITE 13E | | | : MM | , | |
| W. PALM BEACH FL 33415 W. PALM BEACH FL 33415-91 | | | 1-3131 | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| | | | | 01/18/1973 | 02/19/1996 |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | 4. FEI Number 59-1753663 | Applied For |
| 21 | н _1_ | 26 | | 39-1733003 | Not Applicable |
| Suite, Apt. : | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | 9 | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for in | |
| 24 | 25 | 29 | 30 | | Yes No |
| | 9. Name and Address of Curren | t Hegistered Agent | 61 Name | 10. Name and Address of New Reg | Jistered Agent |
| FDANUI | IN CHIOTT | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| FRANKLIN, ELLIOTT 5315 LAKE WORTH ROAD | | | 82 Street Addre | ess (P.O. Box Number is Not Acceptable | ie) |
| | ORTH FL 33463 | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| 44 Diversel | to the avariations of Costings 617.050 | 2 and C17 1500 Florida Ptatute | on the above named corn | profice authorite this statement for the au | FL as zip code |
| office or re | to the provisions of Sections 617.050 egistered agent, or both, in the State | of Florida, Such change was a | es, the above-hamed corporation to the corporation of the corporation | oration submits this statement for the proof's board of directors. I hereby accep | t the appointment as registered |
| agent. I ar | m familiar with, and accept the obliga | ations of, Section 617.0503, Flo | orida Statutes. | | |
| SIGNATURE _ | Signature, typed or printed name of registered age | nt and title if applicable (NOT) | E: Registered Agent signature require | d when reinstating) | DATE |
| 12. | OFFICERS AN | | 13. | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTORS IN 12 |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | STROSBERG, IRWIN M | | 1.2 NAME | | |
| STREET ADDRESS | 6315 SUMMER SKY LANE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WORTH FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | Change Addition |
| NAME | TATAR, GEORGE | IAG | 2.2 NAME | | |
| STREET ADDRESS | 5800 Fernley Drive W. Vil West Palm Beach Fl | LAG | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | TD | ☐ DELETE | 2. 4 CITY-ST-ZIP 3.1 TITLE | | Change Addition |
| NAME | RICHMAN, JEROME | - Metric | 3.2 NAME | | the seconds the country. |
| STREET ADDRESS | 156 SOUTHAMPTON C | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BCH. FL | | 3.4. CITY-ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | SHAFFER, ALBERT | | 4. 2 NAME | | |
| STREET ADDRESS | 212 LAKE MERYL DR | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BCH. FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |

14. Ido 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 pchanged, or on an attachment with an address.