SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 8:56

DOCUMENT # 736860 (8)

1. Corporation Name
MENOWITZ & PENN FAMILY FOUNDATION, INC.

Principal Place of Business	Mailing Address
5255 COLLINS AVE MIAMI BEACH FL 33140	5255 COLLINS AVE MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1976
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-1719498 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 10205 Collins Avenue	26 10205 Collins Avenue
Suite, Apt. #, etc. 22 Apartment 1508	Suite, Apt. #, etc. 27 Apartment 1508
City & State 23 Bal Harbour, FL	City & State 28 Bal Harbor, FL
Zip / Country 24 33154 / 25	Zip / Country 29 33154 / 30

9. Name and Address of Current Registered Agent

MENOWITZ, HAROLD
5255 COLLINS AVE.
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name: Menowitz, Harold
82 Street Address (P.O. Box Number is Not Acceptable): 10205 Collins Avenue - Apt. 1508
83
84 City: Bal Harbor FL 85 Zip Code: 33154

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 ✓ Harold Menowitz 6/21/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition PD
NAME	MENOWITZ, HAROLD	12 NAME	Menowitz, Harold
STREET ADDRESS	5255 COLLINS AVE	13 STREET ADDRESS	10205 Collins Avenue - Apt. 1508
CITY-ST-ZIP	MIAMI BCH FL	14 CITY-ST-ZIP	Bal Harbour, FL 33154
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MENOWITZ, FREDERICK	22 NAME	
STREET ADDRESS	167 E 61ST ST	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PENN, CAROL	32 NAME	
STREET ADDRESS	15 DEERPARK RD	33 STREET ADDRESS	
CITY-ST-ZIP	KINGS POINT NY	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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: Harold Menowitz 6/21/95 718-452-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000100