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

SIGNATURE: /

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN NG OFFICER OR DIRECTOR

DOCUMENT # 736860

(8)

THE HAROLD	AND SOPHIE	MFNOWIT7	FOUNDATION.	INC.

	HIOLD AND OUT THE MEN						
Principal Place	of Business	Mailing Address					
10205 COLLINS	S AVE	10205 COLLINS AVE					
APT 1508	D E1 991E4	APT 1508	4				
BAL HARBOUR US	1 FL 33134	BAL HARBOUR FL 3315 US	•		3. Date Incorporated or Qualified 09/23/1976	3a. Date of Last 06/28/11	
2. Principal Pla	ace of Business	2a. Mailing Address		······································	4. FEI Number	<u> </u>	Applied For
21		26			59-1719498		Not Applicable
Suite, Apt. (#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	7 7 7 7 7	Additional Required
City & State	}	City & State			Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip	Country	Zip	<u> </u>	intry	8. This corporation has liability for in		199.032,
24	25	29	30	,		Yes No	
	9. Name and Address of Curr	ent Hegistered Agent		81 Name	10. Name and Address of New Re	gistered Agent	
14004 (0) 100				or Name			
	TZ, HAROLD			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	·····
	OLLINS AVE APT 1508			83			
BAL HAH	BOR FL 33154			8			
				84 City		FL 85 Z	p Code
dd D	Aller of Continue 617 OF	00 and 617 1500 Florida Otal A			ation submits this statement for the purp		registered office
or register	ed agent, or both, in the State of Flo	orida. Such change was authoriz	ed by the	corporation's boar	rd of directors. I hereby accept the appoin	ntment as registered	agent. I am
, familiar wit	th, and accept the obligations of, Se) .		2/4-	196	
SIGNATURE _	Market Miles	AWIT PRES.	Tr. Basistana	I Agent signature required	7.1	DATE	
, 12.	Signature, typed of a property registration OFFICERS A	ND DIRECTORS	13.	1 After 11 and 12 section oc	ADDITIONS/CHANGES TO OFFIC		DRS IN 12
TITLE	PD	DELETE	117	TLE		☐ Change	Addition
NAME	MENOWITZ, HAROLD	_	1.2 N	AME			
STREET ADDRESS	10205 COLLINS AVE APT 15	508	1.3 S	TREET ADDRESS			
CITY - ST - ZIP	BAL HARBOR FL			ITY-ST-ZIP			
TITLE	VD	DELETE	2.1 T			☐ Change	☐ Addition
NAME	MENOWITZ, FREDERICK		2 2 N	AME			
STREET ADDRESS	167 E 61ST ST		238	TREET ADDRESS			
CHTY-ST-ZIP	NEW YORK NY		2 4 0	CITY-\$1-ZIP			
TITLE	D	DELETE	3.1 7			Change	■ Addition
NAME	PENN, CAROL		3.2 N	AME			
STREET ADDRESS	15 DEERPARK RD		335	TREET ADDRESS			
CITY - ST - ZIP	KINGS POINT NY		34 (CITY - ST - ZIP			
TITLE		DELETE	4.1 T	TLE		☐ Change	☐ Addition
NAME			4.21	NAME	_		
STREET ADDRESS			4.3 S	TREET ADORESS	30000174	1513	
CITY - ST- ZIP			4.4 0	ITY-ST-ZIP	30000174 -03/13/96010	540 <u>2</u> 1	
TITLE		□DELETE	5.1 T	TLE	***61.25	Change	Addition
NAME			5.2 N	AME			
STREET ADDRESS			5.3 S	TREET ADDRESS			
CITY-ST-ZIP			540	ITY-ST-ZIP			
TITLE		DELETE	6.1 T	ITLE		Change	Addition
NAME			6.2 N	AME			
STREET ADDRESS			6.3 S	TREET ADDRESS			
CITY-ST-ZIP				ITY-ST-ZIP			
certify that	t the information indicated on this ar	nual report or supplemental and	iual recort	is true and accura	or the exemption stated in Section 119.0 Ite and that my signature shall have the s	ame legal effect as l	f mada under
oath; that	I am an officer or director of the corn Block 12 or Block 3 if changed, o	poration or the receiver or truste	<u>e empowe</u>	red to execute thi	s report as required by Chapter 617, Flor	ida Statutes; and th	at my name

3/8/96 (7/8) 457-2400 Date Destruct Phone #