


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 737665 (0) 1. Corporation Name THE IRVING AND SALLY MARANTZ SCHOLARSHIP FOUNDATION, INC.					
Principal Place of Business % IRA BIGMAN 23341 TORRE CIR BOCA RATON FL 33433 US			Mailing Address % IRA BIGMAN 23341 TORRE CIR BOCA RATON FL 33433 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/28/1976	
Sulte, Apt. #, etc. 22		Sulte, Apt. #, etc. 27		3a. Date of Last Report 02/13/1996	
City & State 23		City & State 28		4. FEI Number 59-1712933	
Zip 24		Zip 29		Applied For <input type="checkbox"/> Not Applicable	
Country 25		Country 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent BIGMAN, IRA 23341 TORRE CIR BOCA RATON FL 33433			10. Name and Address of New Registered Agent		
			81 Name		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	BIGMAN, IRA				
STREET ADDRESS	23341 TORRE CIR				
CITY-ST-ZIP	BOCA RATON FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	BIGMAN, BARBARA				
STREET ADDRESS	23341 TORRE CIR				
CITY-ST-ZIP	BOCA RATON FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	STARKMAN, ELLEN				
STREET ADDRESS	14821 SW 98 AVE				
CITY-ST-ZIP	MIAMI FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

CP2E037 (4/97)

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 REQUIRED