1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 08, 1999 8:00 am § Secretary of State

03-08-1999 90031 039 \*\*\*\*61.25

## **DOCUMENT # 737951**

Corporation Name

ERNEST AND ROSE SAMUELS FOUNDATION, INC.

Principal Place of Business C/O HERBERT D. FELDHEIM 8 HILLCREST LANE WOODBURY NY 11797 Mailing Address

C/O HERBERT D. FELDHEIM 8 HILLCREST LANE WOODBURY NY 11797

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualifed				
<u> </u>		26		01/31/1977				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number	Applied For		
		27			59-1733119	Not Applicable		
City & State City & State 23				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
Zip	Country	Zip	Country	,	6. Election Campaign Financing	\$5.00 May Be		
24 25 29 30			ูก ์	•	Trust Fund Contribution	Added to Fees		
24	9. Name and Address of Curren		-		10. Name and Address of New Registe	red Agent		
			81	Name		,		
KADIAN	DAVID H ESQ		-	82 Street Address (P.O. Box Number is Not Acceptable)				
1	GHURST DRIVE		82					
SUITE 302			83	<del> </del>				
	z BEACH FL 33446		<u> </u>	ļ		ool 7:- Codo		
DELINATE	DEAUTI FL 33440		84	City		FL 85 Zip Code		
11. Dureuset	to the provisions of Sections 617 050	2 and 617.1508. Florida Statutes	the abov	re-named com	poration submits this statement for the purpos	se of changing its registered		
office or re	enistered agent or both in the State	of Florida. Such change was auth	iorized by	the comporation	on's board of directors. I hereby accept the a	ppointment as registered		
agent. I ar	m familiar with, and accept the obliga	itions of, Section 617.0503, Florida	a Statutes	s.				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: Re	ostered Age	nt signature require	ed when reinstating) DAT	E		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition		
NAME	FELDHEIM, HERBERT DR.		1.2 NAME					
STREET ADDRESS	8 HILLCREST LANE		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	WOODBURY NY		1.4 CITY-5					
TITLE	DST	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition		
NAME	FELDHEIM, DEBORAH DR.		2.2 NAME		-			
STREET ADDRESS	11513 WEST HILL DR.			T ADDRESS				
	ROCKVILLE MD 20852		2. 4 CITY-		•	- 1		
TITLE	D	☐ DELETE	3.1 TITLE	31-217		Change Addition		
	FELDHEIM, ANNA		3.2 NAME					
NAME	8 HILLCREST LANE			ET ADDRESS		;		
STREET ADDRESS								
CITY-ST-ZIP	WOODBURY NY 11797	☐ DELETE	3.4. CITY- 4.1 TITLE	31-ZIP		Change Addition		
TITLE			4.1 ITILE			-, -		
NAME								
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-5 5.1 TITLE			☐ Change ☐ Addition		
TITLE			5.1 IIILE 5.2 NAME			ا العقاد - المنا		
NAME				ET ADDRESS				
STREET ADDRESS			5.4 CITY-1	į.	•			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition		
TITLE		☐ hereic	6.2 NAME	ŀ		[1 2.12.132 [1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
NAME			1					
STREET ADDRESS:			6.3 STREE	T ADORESS				

14. I 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, with all other like empowered.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99 (516) 367-4849

R2E037 (11/98)