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Feb 17, 1999 8:00am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741084**

1. Corporation Name

**THE PHILIP AND JULIA MESHBERG FOUNDATION, INC.**

Principal Place of Business

2770 S. OCEAN BLVD.  
N 602  
PALM BEACH FL 33480

Mailing Address

2770 SOUTH OCEAN BLVD  
#602  
PALM BEACH FL 33480  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	12/20/1977
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1813108
24 Country	29 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LEVY, ROBERT S.  
1655 PALM BEACH LAKES BLVD.  
WEST PALM BEACH FL 33401

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

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	TD	1.1 TITLE	
NAME	MESHBERG, EMIL	1.2 NAME	
STREET ADDRESS	118 BURR CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRIDGEPORT, CT 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	MESHBERG, PHILIP	2.2 NAME	
STREET ADDRESS	2770 S. OCEAN BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	MESHBERG, SAM ROBERT	3.2 NAME	
STREET ADDRESS	118 BURR CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRIDGEPORT, CT 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MESHBERG, RONALD N	4.2 NAME	
STREET ADDRESS	36 LITTLE FOX LN.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	MESHBERG, JULIA	5.2 NAME	
STREET ADDRESS	2770 S. OCEAN BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH, FL 00000	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

PHILIP MESHBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-1999

0047004

CR2E037 (11/98)