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Apr 30 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 # 742974 (9)

1. Corporation Name

MILTON LITTMAN MEMORIAL FOUNDATION, INC.

Principal Place of Business

17971 BISCAYNE BLVD STE 214  
N MIAMI BCH FL 33180

Mailing Address

17971 BISCAYNE BLVD STE 214  
N MIAMI BCH FL 33180-2588



3. Date Incorporated or Qualified  
05/23/1978

3a. Date of Last Report  
02/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PESETSKY, WALTER S.  
1387 NORTHEAST 162ND. STREET  
N MIAMI BEACH FL 33162

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	PD	<input type="checkbox"/> DELETE
NAME	KOPPEL, WILLIAM	
STREET ADDRESS	2421 NE 199 ST.	
CITY-ST-ZIP	N.MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ADDERTON, TED	
STREET ADDRESS	7764 BILTMORE BLVD.	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LITTMAN, JULIUS	
STREET ADDRESS	3545 N.E. 166TH. ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LITTMAN, IRVING	
STREET ADDRESS	2821 N.E. 165TH. ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PESETSKY, WALTER.	
STREET ADDRESS	1367 NE 162 ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0031502

CR2E037 (9/96)