FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 1:43

DOCUMENT # **743731** **(2)**

1. Corporation Name

ESTHER ANN LEVINE/BARONS STORES FOUNDATION, INC.

Principal Place of Business	Mailing Address
1501 N.W. 163RD. ST. MIAMI FL 33169	1501 N.W. 163RD. ST. MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1978
3a. Date of Last Report: 07/26/1994
4. FEI Number: 59-1859342 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 5010 N. HIATUS ROAD	26 5010 N. HIATUS ROAD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SUNRISE, FLORIDA	City & State 28 SUNRISE, FLORIDA
Zip 24 33351-8017 Country 25 U.S.A.	Zip 29 33351-8017 Country 30 U.S.A.

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANSON, NORMAN 1501 N W 163RD STREET MIAMI FL 33169	81 Name: LANSON, NORMAN 82 Street Address (P.O. Box Number is Not Acceptable): 5010 N. HIATUS ROAD 83 84 City: SUNRISE FL 85 Zip Code: 33351-8017

11. Pursuant to the provisions of Sections 607.0502 and 607.1506 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 607.0505, Florida Statutes.

SIGNATURE: Norman Lanson 3/30/95
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	VD	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	LANSON, NORMAN	1.2 NAME	LANSON, NORMAN	
STREET ADDRESS	1501 NW 163RD ST	1.3 STREET ADDRESS	5010 N. HIATUS ROAD	
CITY-ST-ZIP	MIAMI FL 33169	1.4 CITY-ST-ZIP	SUNRISE, FL 33351-8017	
TITLE	VTD	2.1 TITLE	VTD	☒ Change ☐ Addition
NAME	MERYL, LANSON	2.2 NAME	LANSON, MERYL	
STREET ADDRESS	1501 NW 163RD ST	2.3 STREET ADDRESS	5010 N. HIATUS ROAD	
CITY-ST-ZIP	MAIMI FL 33169	2.4 CITY-ST-ZIP	SUNRISE, FL 33351-8017	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	TEDESCO, TED	3.2 NAME	TEDESCO, GARY	
STREET ADDRESS	1501 N.W. 163RD STREET	3.3 STREET ADDRESS	5010 N. HIATUS ROAD	
CITY-ST-ZIP	MIAMI FL 33169	3.4 CITY-ST-ZIP	SUNRISE, FL 33351-8017	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Gary S. Tedesco 3/30/95 (305) 747-4700
Title Daytime Phone Number