


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 11, 1999 8:00 am
Secretary of State

02-11-1999 90028 044 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749519

1. Corporation Name

THE EPPLER FAMILY FOUNDATION, INC.

Principal Place of Business

%CEW PARTNERS
 45 ROCKEFELLER PL. SUITE 2500
 NEW YORK NY 10020

Mailing Address

%CEW PARTNERS
 45 ROCKEFELLER PL. SUITE 2500
 NEW YORK NY 10020



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 10/25/1979	4. FEI Number 59-1949552 Applied For Not Applicable
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	

9. Name and Address of Current Registered Agent

EPPLER, HEINZ
 150 N. OCEAN BLVD., P.H. 2
 PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	
FL	

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	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPPLER, HEINZ	1.2 NAME	
STREET ADDRESS	150 N. OCEAN BLVD., PH 2	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480-3951	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPPLER, RUTHE	2.2 NAME	
STREET ADDRESS	150 N. OCEAN BLVD., PH 2	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480-3951	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLVIN, MARCIA	3.2 NAME	
STREET ADDRESS	1185 PARK AVE., 10G	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10128	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFF, NANCY EPPLER	4.2 NAME	
STREET ADDRESS	5000 GOODRIDGE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERDALE NY 10471	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPPLER, DAVID	5.2 NAME	
STREET ADDRESS	5116 MOORLAND LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HEINZ EPPLER

Daytime Phone #

212-757-1544

CR2E037 (1/1/98)