FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 750306 (3)

1. Corporation Name

GEORGE AND EVELYN GOLDBLOOM FOUNDATION,INC.

Principal Place of Business	Mailing Address
5660 COLLINS AVE. PH B MIAMI BEACH FL 33140	5660 COLLINS AVE. PH B MIAMI BEACH FL 33140

3. Date Incorporated or Qualified: **12/20/1979**
3a. Date of Last Report: **02/01/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-1965603** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GOLDBLOOM, GEORGE
5660 COLLINS AVENUE, PH-B
MIAMI BEACH FL 33140

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	GOLDBLOOM, GEORGE		12 NAME		
STREET ADDRESS	*5660 COLLINS AVE PH B*		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		14 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	21 TITLE	*VD*	☒ Change ☐ Addition
NAME	KORMAN, MARCEL		22 NAME	*KORMAN MARCEL*	
STREET ADDRESS	2240 NE 201 STREET		23 STREET ADDRESS	*490 ALEXANDRA CIRCLE*	
CITY-ST-ZIP	NORTH MIAMI BEACH FL		24 CITY-ST-ZIP	*FT. LAUDERDALE, FL 33326*	
TITLE	SD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	GOLDBLOOM, EVELYN		32 NAME		
STREET ADDRESS	5660 COLLINS AVE PH B		33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: _____ 1/23/96 305-381-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GEORGE GOLDBLOOM