## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90174 011 \*\*\*\*70.00

## DOCUMENT # F9300001266

DISABLED CHILDREN'S RELIEF FUND INC.

FREEPORT NY 11520 US  FREEPORT NY 11520 US  3. Date Incorporated or Qualified 04/12/1993  Suite, Apt. #, etc.  Suite, Apt. #, etc.  22  City & State  City & State  Zip  Country  FREEPORT NY 11520  3. Date Incorporated or Qualified 04/12/1993  Applied For 11-30 10226  Not Applied For 11-30 10226  Sa.75 Additional Fee Required Fee Required  \$5.00 May Be	Principal Place	of Business	Mailing Address				1				
2. Principal Place of Bushriess   Ze Mailing Address   3. Data Incomported or Cualified   A/12/1993   Applied For   14/30/1022   21   27   Suite, Apt. #, etc.   4. FEI Number   11/30/1022   Nor. Applied For   Nov. Applied For   11/30/1022   Nov. Applied	-402-PENNSYLVANIA AVENUE						4 1845100 MIN 10100 MIN 1011 BES	<b>     </b>	18, 119, 118, 188, 1	{    <b>                                </b>	
2. Principal Place of Bushriess   Ze Mailing Address   3. Data Incomported or Cualified   A/12/1993   Applied For   14/30/1022   21   27   Suite, Apt. #, etc.   4. FEI Number   11/30/1022   Nor. Applied For   Nov. Applied For   11/30/1022   Nov. Applied		11520									
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Sulin, Apt. #, etc.  Sulin, Ap	2. Detected Discontinuous Designs and the Control of the Control o						2. Data Incomprehed or Qualiford				١
Suite, Apt. 6, etc.    Suite, Apt. 6, etc.   Suite, Apt. 6, etc.   11-3010226	<del></del>	ace of Business	<b>⊢</b> ¬								
27   City & State   City & City & State   City & Ci	21										
City & State 22] Country		#, etc.	h=						<del>- + ·</del>		1
22   2p   2d   2p   2p   2p   3o   6. Election Control   35.00 May Be Added to Fees   2p   3o   10. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name   10	22(					110010220		<del></del>		ĺ	
Zip	— ´	•	<b>├</b> ~~			5. Certifcate of Status Desired	<b>X</b> .				
S. Name and Address of Current Registered Agent  C.T. CORPORATION SYSTEM 120 SOUTH PINE SISAMD RD. PLANTATION FINE SISAMD RD. PLA		Country	<del>-                                     </del>				C. Elization Communication		·	·	İ
9. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE (SLAND RD. PLANTATION FL 33324  62 Street Address (P.O. Box Number is Not Acceptable)  63 B4 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 agent, or both, in this state of Florida. Such changing was authorized by the corporation submits this statement for the purpose of changing its registered agent. In minimient with, and accept the obligations of Section 97,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In minimient with, and accept the obligations of Section 97,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In minimient with, and accept the obligation of Section 97,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In minimient with, and accept the obligation of Section 97,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In minimient with, and accept the obligation of Section 97,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In minimient with, and accept the obligation of Section 97,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In minimient with, and accept the obligation of Section 97,0503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent and submits and submits and statement for the purpose of changing its registered agent. In minimient with, and submits	<del></del>	<del></del>	<b>├</b> ¬ `	_					¥		ĺ
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324  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 agent, or both, in the State of Florida, Such change was suthorized 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 617,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent affairs and agent	24		<del></del>	<u>  30 </u>				Penistered A		0 7 803	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324    March   City   FL   85   Zip Code	<del></del> _	5. Name and Address of Current	<del>•</del>			Name	14. Hatte Bitz Address of How I	togictorou y	-Barre		
12. OFFICERS AND DIRECTORS  13. ONTERCHAPPERS  SIGNATURE  STEELAGNESS  OTY-ST-ZP  TILE  D  NAME  NAVARRO, GEORGE  STREETAGNESS  OTY-ST-ZP  TILE  D  NAVARRO, GEORGE  STREETAGNESS  OTY-ST-ZP  TILE  D  NAVARRO, GEORGE  STREETAGNESS  OTY-ST-ZP  NAVARRO, GEORGE  STREETAGNESS  OTY-ST-ZP  NAVARRO, GEORGE  STREETAGNESS  OTY-ST-ZP  NAVARRO, GEORGE  STREETAGNESS  OTY-ST-ZP  TILE  D  OTHERS											
PLANTATION FL 33324    83			82 Stre			Street Addre	Address (P.O. Box Number is Not Acceptable)				
## City ## Cit											
TI. 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 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, and smaller with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  TITLE  TITLE  ST  OFFICERS AND DIRECTORS  TITLE  OFFICERS AND DIRECTORS  TITLE  OFFICERS AND DIRECTORS  TITLE  OFFICERS AND DIRECTORS IN 12  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  OD  OBELETE  1.1 TITLE  OL  OCHANGES  TREET ADDRESS  TREET ADDRESS  TITLE  OD  ONAVARRO, GEORGE  STREET ADDRESS  TITLE  ONAVARRO, GEORGE  STREET ADDRESS  ROCKVILLE CENTRE NY  TITLE  ORANGE  OCKVILLE CENTRE NY  ALCHY-ST-2P  TITLE  ORANGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  ONAVARRO, GEORGE  STREET ADDRESS  TITLE  ONAVARRO, GEORGE  STREET ADDRESS  STREET ADDRESS  COMMACK NE 11725  OCKVILLE CENTRE NY  ALCHY-ST-2P  TITLE  ORANGE  ACCITY-ST-2P  ORANGE	PLANTATI	ON FL 33324			83						
11. Presumt to the provisions of Sections 617 0502 and 617 1508, Findrias Statutes, the above-named composation submits this statement for the pumpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE  Signature, typed or printed memor or registered agent and disc if applicable.  NOTE Registered Agent signature required when receitating.  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  ST					84	City			85 Zip (	Code	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or directors. I nereby accept the appointment as registered agent, and accept the obligations of, Section 617/05/03, Florida Statutes.  SIGNATURE  Signature.  Signature.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  ST	<u> </u>		<del></del>						<u> </u>		
Agent. I am familiar with, and accept the obligations of, Section 617,0903, Florade Statuties.  SIGNATURE    Common   Co	11. Pursuant 1	to the provisions of Sections 617.0502	and 617.1508, Florida Statut Florida, Such change was a	es, the a uthorized	bove- d by th	named corporation	ration submits this statement for the n's board of directors. I hereby accer	purpose of o at the appoin	rnanging its tment as re	registered gistered	ĺ
Signature, typee or primate ment of registrated appart and stills if applications. (NOTE: Registered Appart all optications and title if applications.) (NOTE: Registered Appart all optications and title if applications.) (NOTE: Registered Appart all optications and title if applications.) (NOTE: Registered Appart all optications and title if applications.) (NOTE: Registered Appart all optications and title if applications.) (NOTE: Registered Appart all optications.) (NOTE: Applications.) (NOTE: Applications	agent. I ar	n familiar with, and accept the obligation	ns of, Section 617.0503, Flo	rida Stat	utes.		, , , , , , , , , , , , , , , , , , , ,				
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	i <b>1</b>										}
	14. I bereby a	ertify that the information supplied with	this filing does not qualify for				ection 119.07(3)(i), Florida Statutes	further cert	ify that the i	nformation	

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 that an address, with all other like empowered.

SIGNATUDIETOREFIQUE Eresident April 15, 1999 (516-377-1605) SIGNATURE