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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001319

1. Corporation Name

THE NATIONAL LAW & LEADERSHIP FOUNDATION, INC.

Principal Place of Business

4800 N. FEDERAL HWY.
SUITE 106-D
BOCA RATON FL 33431

Mailing Address

4800 N. FEDERAL HWY.
SUITE 106-D
BOCA RATON FL 33431



2. Principal Place of Business

21 4800 N. Federal Hwy

Suite, Apt. #, etc.

22 302-A

City & State

23 Boca Raton, FL

Zip

24 33431

Country

25 USA

2a. Mailing Address

26 PO Box 81120

Suite, Apt. #, etc.

27 B

City & State

28 Boca Raton, FL

Zip

29 33481

Country

30 USA

3. Date Incorporated or Qualified

03/20/1995

4. FEI Number

36-3945773

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

9. Name and Address of Current Registered Agent

SALAMONE, CHRIS M
4800 N. FEDERAL HWY.
SUITE 106-D
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

CHRIS M. SALAMONE

82 Street Address (P.O. Box Number is Not Acceptable)

4800 N. FEDERAL HWY

83

SUITE 302-A

84 City

Boca Raton

FL

85 Zip Code

33431

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

CHRIS M. SALAMONE

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SALAMONE, CHRIS M
STREET ADDRESS 4800 N FEDERAL HWY STE 106D
CITY-ST-ZIP BOCA RATON FL

TITLE VTD ☐ DELETE

NAME LISNEK, PAUL M
STREET ADDRESS 320 W. OAKDALE #1302
CITY-ST-ZIP CHICAGO IL

TITLE SD ☐ DELETE

NAME SALAMONE, ANTHONY C
STREET ADDRESS 4800 N FEDERAL HWY STE 106D
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Chairman, Director

☒ Change

☐ Addition

1.2 NAME

CHRIS M. SALAMONE

1.3 STREET ADDRESS

4800 N. FEDERAL HWY STE. 302-A

1.4 CITY-ST-ZIP

Boca Raton, FL 33431

2.1 TITLE

VTD

☒ Change

☐ Addition

2.2 NAME

PAUL M. LISNEK

2.3 STREET ADDRESS

623 W. BRIAR PLACE

2.4 CITY-ST-ZIP

CHICAGO, IL 60657

3.1 TITLE

SD

☒ Change

☐ Addition

3.2 NAME

ANTHONY C. SALAMONE

3.3 STREET ADDRESS

4800 N. FEDERAL HWY STE 302-A

3.4 CITY-ST-ZIP

Boca Raton, FL 33431

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

392-2220
501-388

Date

Daytime Phone #

CR2F037 (11/98)