

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 03 1997 8:00am  
Secretary of State

DOCUMENT # F96000000736 (6)

1. Corporation Name

BILTMORE FOUNDATION, INC.



Principal Place of Business Mailing Address  
340 NORTH AVE 340 NORTH AVE  
CRANFORD NJ 07016 CRANFORD NJ 07016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/13/1996 3a. Date of Last Report

2. Principal Place of Business 21 6700 N. Andrews Ave. Suite, Apt. #, etc. 22 Suite 500 City & State 23 Fort Lauderdale, FL Zip 33309 Country Broward	2a. Mailing Address 26 6700 N. Andrews Ave. Suite, Apt. #, etc. 27 Suite 500 City & State 28 Fort Lauderdale, FL Zip 33309 Country Broward	4. FEI Number 22-3294769 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	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOEWENSTERN, ELLIOT  
6700 N. ANDREW AVE, SUITE 500  
FT LAUDERDALE FL 33309

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 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	CP <input type="checkbox"/> DELETE	1.1 TITLE	CP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEWENSTERN, ELLIOT	1.2 NAME	LOEWENSTERN, ELLIOT
STREET ADDRESS	6700 N. ANDREW AVE, SUITE 500	1.3 STREET ADDRESS	6700 N. ANDREW AVE., SUITE 500
CITY-ST-ZIP	FT LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRONSON, RICHARD	2.2 NAME	
STREET ADDRESS	6700 N. ANDREW AVE, SUITE 500	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, HARTLEY	3.2 NAME	
STREET ADDRESS	6700 N. ANDREW AVE, SUITE 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 do 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.

SIGNATURE SIGNATURE REQUIRED

CP2E037 (4/97)