

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 13, 1999 8:00 am
Secretary of State

04-13-1999 90071 045 ****61.25

DOCUMENT # F97000004773

1. Corporation Name

ANGELIS-HERO FOUNDATION, INC.

Principal Place of Business

C/O THEODORE DANIELS
4400 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33431

Mailing Address

C/O THEODORE DANIELS
4400 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33431

MILTON SIEGAL CPA

MILTON SIEGAL CPA



2. Principal Place of Business

21 **7873 AFTON VILLA CT.**
Suite, Apt. #, etc.

2a. Mailing Address

26 **7873 AFTON VILLA CT.**
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

09/15/1997

4. FEI Number

11-2539613

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

22 **BOCA RATON**
City & State

27 **BOCA RATON**
City & State

23 **FLORIDA**
City & State

28 **FLORIDA**
City & State

24 **33433**
Zip

25 **PALM BEACH**
Country

29 **33433**
Zip

30 **PALM BEACH**
Country

9. Name and Address of Current Registered Agent

DANIELS, THEODORE
4400 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name **MILTON SIEGAL CPA**
82 Street Address (P.O. Box Number is Not Acceptable)
7873 AFTON VILLA CT
83 **BOCA RATON**
84 City

FL 85 Zip Code
33433

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

Milton Siegal
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/1/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **PCD** ☒ DELETE
NAME **ANGELIS, ALICE**
STREET ADDRESS **16695 TRADERS CROSSING NORTH**
CITY-ST-ZIP **JUPITER FL**

TITLE **SD** ☐ DELETE
NAME **DANIELS, THEODORE**
STREET ADDRESS **11152 BOCA WOODS LANE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ DELETE
NAME **SIEGAL, MILTON**
STREET ADDRESS **7873 AFTON VILLA COURT**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ DELETE
NAME **PUNCH, BARBARA R**
STREET ADDRESS **PO BOX 8363 N/A**
CITY-ST-ZIP **HOBE SOUND FL**

TITLE **D** ☒ DELETE
NAME **PUNCH, THOMAS**
STREET ADDRESS **PO BOX 8363 N/A**
CITY-ST-ZIP **HOBE SOUND FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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:

Milton Siegal
SIGAL, MILTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/99

561-487-4746

CR2E037 (1/198)