

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 21 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N08400** (6)  
1. Corporation Name  
**THE HARRY I. ETELMAN FOUNDATION, INCORPORATED**

Principal Place of Business Mailing Address  
**% RONALD SALES**  
**1551 FORUM PLACE, SUITE 300F**  
**W PALM BEACH FL 33401-2388**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/27/1985** 3a. Date of Last Report **08/09/1994**  
4. FEI Number **59-2523898** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **330 So Ocean Blvd** 26 **330 So Ocean Blvd**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **2-A** 27 **2-A**  
City & State City & State  
23 **Palm Beach Fl 33480** 28 **Palm Beach Fl 33480**  
Zip Country Zip Country  
24 **33480** 25 **USA** 29 **33480** 30 **USA**

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**SALES, RONALD**  
**1551 FORUM PLACE**  
**SUITE 300F**  
**W PALM BEACH FL 33402**

81 Name **Harry I Etelman**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **330 So Ocean Blvd Apt 2-a**  
84 City **Palm Beach** 85 Zip Code **FL 33480**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/17/95**  
Signature, name, or official name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>ETELMAN, HARRY I</b>
STREET ADDRESS	<b>145 PERUVIAN AVE</b>
CITY-ST-ZIP	<b>PALM BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>CURRY, BERNARD</b>
STREET ADDRESS	<b>350 ROYAL PALM WAY</b>
CITY-ST-ZIP	<b>PALM BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>SALES, RONALD</b>
STREET ADDRESS	<b>1551 FORUM PLACE, #300F</b>
CITY-ST-ZIP	<b>W PALM BCH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(h), 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **DIRECTOR** DATE: **4/17/95** 407-922-7004  
Signature and typed or printed name of signing officer or director Daytime Phone #