

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N10154 (5)

1. Corporation Name

MEIR AND TOVAH FELMAN FUND, INC.



Principal Place of Business

Mailing Address

3909 GARDEN AVE., APT. 1
MIAMI BEACH FL 33140

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MIAMI BEACH FL 33140

3. Date Incorporated or Qualified

07/10/1985

3a. Date of Last Report

03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2637943

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FELMAN, MEIR
3909 GARDEN AVE.
APT. 1
MIAMI BEACH FL**

81 Name

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

83

84 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 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FELMAN, MEIR
STREET ADDRESS 3909 GARDEN AVE., APT 1
CITY-ST-ZIP MIAMI BEACH FL ☐ DELETE

TITLE VD
NAME FELMAN, YEHUDI MOSHE
STREET ADDRESS 1810 GLENWOOD ROAD
CITY-ST-ZIP BROOKLYN NY ☐ DELETE

TITLE VD
NAME BLOOM, NAOMI DEBORAH
STREET ADDRESS 17220 N. E. 12 AVE.
CITY-ST-ZIP N. MIAMI BEACH FL ☐ DELETE

TITLE SD
NAME FELMAN, HELEN
STREET ADDRESS 3909 GARDEN AVE. APT. 1
CITY-ST-ZIP MIAMI BEACH FL ☐ DELETE

TITLE TD
NAME COHEN, SHEVI BRACHA
STREET ADDRESS 310 LESTER CT.
CITY-ST-ZIP W. HEMPSTEAD, N. Y. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Meir Felman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MEIR FELMAN

4/1/96

Date

(305) 534-1675

Daytime Phone #

CR2E037 (12/95)