

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

01-29-1999 90054 032 *****61.25

DOCUMENT # N13735

1. Corporation Name
BERTHA LESOFF AND MURRAY LESOFF, FOUNDATION, INC. IN MEMORY OF IRVING HEILIZER

Principal Place of Business C/O FRED HEILEZER 4170 N. MARINE DR. #12E CHICAGO IL 60613	Mailing Address C/O FRED HEILEZER 4170 N. MARINE DR. #12E CHICAGO IL 60613
---	---



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21		26	02/20/1986
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	4. FEI Number
City & State		59-2753756	
23		28	Applied For
Zip		Not Applicable	
24	25	29	30
Country		Country	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEFF, SAMUEL I. 1367 N.E. 162 ST. NORTH MIAMI BEACH FL 33162		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code
			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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIFSHITZ, LEATRICE	1.2 NAME	
STREET ADDRESS	3 HOLLOW TREE COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PAMONA NY	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEILIZER, FRED	2.2 NAME	
STREET ADDRESS	4170 NORTH MARINE DR 12E	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, SANDRA	3.2 NAME	
STREET ADDRESS	19 ROLLING LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FRAMINGHAM MA	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 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: FRED HEILIZER 1/10/99 773/477-0358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)