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 # N18460 (8)

1. Corporation Name

IRVING AND ELEANOR JAFFE FOUNDATION, INC.

Principal Place of Business	Mailing Address
7709 LAKESIDE BLVD..#G17-4 BOCA RATON FL 33434	20290 FAIRWAY DRIVE SUITE 284 BOCA RATON FL 33434 US

3. Date Incorporated or Qualified: 12/29/1986	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2751352	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 20290 FAIRWAY OAKS DRIVE	26 20290 FAIRWAY OAKS DRIVE
22 Suite, Apt. #, etc. SUITE -284	27 Suite, Apt. #, etc. SUITE -284
23 City & State BOCA RATON FL	28 City & State BOCA RATON FL
24 Zip 33434 25 Country USA	29 Zip 33434 30 Country USA

9. Name and Address of Current Registered Agent

JAFFLE, ELEANOR L
20290 FAIRWAY OAKS DRIVE #284
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name: JAFFE, ELEANOR L. (INCORRECT SPELLING)
82 Street Address (P.O. Box Number is Not Acceptable)
83 SAME
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 _____ 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	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	JAFFE, IRVING		12 NAME		
STREET ADDRESS	7709 LAKESIDE BLVD.G17-4		13 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		14 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	JAFFE, ELEANOR		22 NAME		
STREET ADDRESS	7709 LAKESIDE BLVD.G17-4		23 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		24 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	LIPTON, ROSE		32 NAME		
STREET ADDRESS	7709 LAKESIDE BLVD.G17-4		33 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		34 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	41 TITLE		☑ Change ☐ Addition
NAME	JAFFEE, JACK		42 NAME	JAFFE, JACK	
STREET ADDRESS	5067 MCGILL WAY		43 STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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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: E L Jaffe 4/11/96 407-852-9970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
E.L. JAFFE (ELEANOR JAFFE)