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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT				Secretary of State				Secretary of State				
1998			OI ILE	DIVISION OF CORPORATIONS				5001	Cta	пу		iaic
POCUI 1. Corporatio	MENT on Name	# N184	60	(8)								
IRVING	AND ELE	EANOR JAFFE 1	FOUNDATK	ON, INC.						######################################	NI BIBII DIBII D	IAN BIBN IAN
Principal Place of Business Mailing Address												
20290 FAIRWAY OAKS DRIVE 20290 FAIRWAY OAKS DRIV					on it		-		A -110 1			
SUITE 284				SUITE 284				3. Date incorporated or (12/29/1986	Qualified			
BOCA RATON FL 33434 US				BOCA RATON FL 33434 US				4. FEI Number			TA	pplied For
								59-275 1352			N	ot Applicable
2. Principal P	lace of Busin	ess	2a. M	ailing Address			ļ	5. Certificate of Status D	esired			Additional
Suite, Apt. #, etc.				Suite, Apt. #, etc.				6. Election Campaign Fir	nancing		\$5.00	equired May Be
22				27				Trust Fund Contribution	-		Added t	
City & State				City & State				7. Is this nonprofit corpor		omeowner		n?
Zip		Country	Zi	p	Count	ry		8. This corporation owes				tangible
24		25	20		30			Personal Property Tax				□ No
9. Name and Address of Current Registered Agent 81 Name								0. Name and Address of	T NOW H	-Bistaled	Agent	
JAFFF. S	FI FANOR I				8	Ctrast	Addran	(P.O. Box Number is Not	Accepte	hio)		
JAFFE, ELEANOR L. 20290 FAIRWAY OAKS DRIVE #284						2 50900	Audress	(P.O. BOX NUMBER IS NOT	. Ассеріа 			
BOCA R	ATON FL 3	3434			8	3						
					8	4 City				FL	85 Zip	Code
11. Pursuant	to the provisi	ons of Sections 617.0	0502 and 617.	1508 Florida Statut	lee the sho	va-named	d corpora	Company to Al-Const.	t for the		changing i	to registered
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office or r agent. I a	e gis tered age m fa miliar wit	ent, or both, in the St h, and accept the ob	tate of Florida. oligations of, S	Such change was ection 617.0503, FI	authorized to lorida Statuti	by the cor	rporation'	tion submits this statement s board of directors. I her	eby acce	pt the app	ointment as	registered
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14. Thereby 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.

SIGNATURE:

FILED

Mar 17 1998 8:00am

561-852-9970