

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 # N20575 (9)

1. Corporation Name

MALHIOT FOUNDATION, INC.



Principal Place of Business

432 CENTRE ST.  
WOODRIDGE, NJ. 07075

Mailing Address

432 CENTRE ST.  
WOODRIDGE, NJ. 07075

3. Date Incorporated or Qualified  
05/11/1987

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-2788053

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

MALHIOT, GEORGE D.  
C/O FOX & FOX, P.A.  
133 BOCA RATON RD  
BOCA RATON FL 33432

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 is 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

TITLE PTD ☐ DELETE  
NAME MALHIOT, GEORGE D.  
STREET ADDRESS 432 CENTRE STREET  
CITY-ST-ZIP WOODRIDGE, NJ.

TITLE VSD ☐ DELETE  
NAME MALHIOT, EUGENE T.  
STREET ADDRESS 37-427 WESTRIDGE AVE  
CITY-ST-ZIP SUN CITY, PA 19082

TITLE D ☐ DELETE  
NAME SWANGREN, STANLEY J.  
STREET ADDRESS 446 SOUTH RODEO DRIVE  
CITY-ST-ZIP BEVERLY HILLS CA

TITLE D ☐ DELETE  
NAME REED, BETTY  
STREET ADDRESS C/O VESY, 133-43 PAINT BRUSH DRIVE  
CITY-ST-ZIP SUN CITY WEST AZ

TITLE D ☐ DELETE  
NAME DREYFUS, LYDIA  
STREET ADDRESS 13005 SOUTH 31ST STREET  
CITY-ST-ZIP BELLEVUE NE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 VSD MALHIOT, EUGENE T.  
2.3 STREET ADDRESS 37-427 WEST RIDGE AVE  
2.4 CITY-ST-ZIP PALM DESERT, CA 92211

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 D DREYFUS, LYDIA  
5.3 STREET ADDRESS 64 SEA HOLLYWAY  
5.4 CITY-ST-ZIP HENDERSON NV 89014

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
GEORGE D. MALHIOT

Date

Residing Phone #

201 438-4466

CR2E037 (12/95)