FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:39

DOCUMENT # N28317 (8)

1. Corporation Name

THE MICHAEL D. AND MARILYN T. WINER FOUNDATION, INC.

Principal Place of Business	Mailing Address
4601 COMMUNITY DRIVE WEST PALM BEACH FL 33417-9760	4601 COMMUNITY DRIVE WEST PALM BEACH FL 33417-9760

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1988
3a. Date of Last Report: 06/14/1994
4. FEI Number: 65-0086173 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24
Country 25
Zip 29
Country 30
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TANNENBAUM, MICHAEL D.
2161 PALM BEACH LAKES BLVD.
SUITE 304
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	1.1 TITLE	☐ Change ☐ Addition
NAME	WINER, MICHAEL D.	1.2 NAME	
STREET ADDRESS	6319 BRANDON STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	WINER, MARILYN T.	2.2 NAME	
STREET ADDRESS	6319 BRANDON STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KLEIN, JEFFREY L.	3.2 NAME	
STREET ADDRESS	7905 TENNYSON CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BLONDER, ERWIN H.	4.2 NAME	
STREET ADDRESS	241 WEST INDIES DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	ENGELSTEIN, ALEC	5.2 NAME	
STREET ADDRESS	6611 S. FLAGLER DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, EDWARD	6.2 NAME	
STREET ADDRESS	2380 SARATOGA BAY DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	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: Edward Baker Edward Baker, Treas. (407 478-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011450