

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29236 (9)

1. Corporation Name

HANNAH KAHN POETRY FOUNDATION LTD, INC.

Principal Place of Business

3630 BATTERSEA ROAD
C/O FRED WITKOFF
MIAMI FL 33133-6805

Mailing Address

3630 BATTERSEA ROAD
C/O FRED WITKOFF
MIAMI FL 33133-68053. Date Incorporated or Qualified
11/10/19883a. Date of Last Report
04/02/19964. FEI Number
65-0126998Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

WITKOFF, FRED
3630 BATTERSEA ROAD
MIAMI FL 33133

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 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

Signature, typed or printed name of registered agent, or use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-28-97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME WITKOFF, FRED
STREET ADDRESS 3630 BATTERSEA RD.
CITY-ST-ZIP MIAMI FLTITLE PD ☐ DELETE
NAME CORRIE, SHEILA Stephanie Bischoff
STREET ADDRESS 8945 SW 19TH ST 1020 Meridian Ave
CITY-ST-ZIP MIAMI FL 33139TITLE SD ☐ DELETE
NAME SARGENT, LOIS
STREET ADDRESS 15240 SW 86TH AVE
CITY-ST-ZIP MIAMI FLTITLE VD ☐ DELETE
NAME SCHWARTZ, MAGI
STREET ADDRESS 4970 SHERIDAN ST
CITY-ST-ZIP HOLLYWOOD FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-97

305-444-4842

Date

Daytime Phone # 0026726

CR2E037 (9/96)