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Jan 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32232 (3)

1. Corporation Name

THE ELSIE AND MARVIN DEKELBOUM FOUNDATION, INC.

Principal Place of Business

Mailing Address

700 N. OLIVE AVENUE
WEST PALM BEACH FL 33401-4015700 N. OLIVE AVENUE
WEST PALM BEACH FL 33401-40153. Date Incorporated or Qualified
05/11/19893a. Date of Last Report
01/29/1996

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

THALER, MANLEY H.
%THALER & THALER
1300 N. FEDERAL HWY., STE. 212
BOCA RATON FL 33432-0426700 N. OLIVE AVE.
WEST PALM BEACH
FL 33401

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 MANLEY H. THALER, SEC.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDT
NAME DEKELBOUM, MARVIN
STREET ADDRESS 700 N. OLIVE AVE.
CITY-ST-ZIP WEST PALM BEACH FL
☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE DVP
NAME DEKELBOUM, ELSIE
STREET ADDRESS 700 N. OLIVE AVE.
CITY-ST-ZIP WEST PALM BEACH FL
☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE SD
NAME THALER, MANLEY
STREET ADDRESS 700 N. OLIVE AVE.
CITY-ST-ZIP WEST PALM BEACH FL
☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

1-2-97 661-659-1183

Date

Daytime Phone # 0038005

CR2E037 (9/96)