2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004
Secretary of State

DOCUMENT# N34879

Entity Name: SCHATZ FAMILY FOUNDATION INC.

Current Principal Place of Business:

17232 BRIDLE TRAIL
BOCA RATON, FL 33498

New Principal Place of Business:

Current Mailing Address:

17232 BRIDLE WAY TRAIL
BOCA RATON, FL 334963208

New Mailing Address:

FEI Number: 65-0161727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHATZ, IRVINE
17232 BRIDLE TRAIL
SUITE 110A
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

SCHATZ, IRVING
17232 BRIDLE TRAIL
SUITE 110A
BOCA RATON, FL 33496 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: IRVING SCHATZ 01/14/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: SCHATZ, IRVING,
Address: 17232 BRIDLE TRAIL
City-St-Zip: BOCA RATON, FL

Title: DVS ( ) Delete
Name: SCHATZ, ESTHER,
Address: 17232 BRIDLE TRAIL
City-St-Zip: BOCA RATON, FL

Title: D ( ) Delete
Name: HIRSCH, CHERYL,
Address: 9 PATRIOT COURT
City-St-Zip: NEW CITY, NY

Title: D ( ) Delete
Name: SCHATZ, ADRIENNE
Address: 1530 PALISADE AVE
City-St-Zip: FT LEE, NJ

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRVING SCHATZ PRES 01/14/2004
Electronic Signature of Signing Officer or Director Date