

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40979 (9)
 1. Corporation Name
THE ULLMANN FAMILY FOUNDATION, INC.



Principal Place of Business 100 SUNRISE AVE. PALM BEACH FL 33480	Mailing Address 100 SUNRISE AVE. PALM BEACH FL 33480
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/28/1990		3a. Date of Last Report 12/03/1996	
2. Principal Place of Business 21 c/o Golenbock, Eiseman et al Suite, Apt. #, etc. Suite 3500 22 437 Madison Avenue City & State 23 New York, NY Zip 24 10022		2a. Mailing Address 26 c/o Golenbock, Eiseman et al Suite, Apt. #, etc. Suite 3500 27 437 Madison Avenue City & State 28 New York, NY Zip 29 10022	
Country 25 U.S.A.		Country 30 U.S.A.	
4. FEI Number 65-0252674		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
6. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 660 E. JEFFERSON STREET
 TALLAHASSEE FL 32301

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

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ULLMANN, IRMA	
STREET ADDRESS	100 SUNRISE AVE.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	ULLMANN, LEONARD P	
STREET ADDRESS	1221 S FIRST ST., #7B	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	HAMBURG, DONALD A	
STREET ADDRESS	437 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ULLMANN, LEONARD P
2.3 STREET ADDRESS	PO BOX 9240
2.4 CITY-ST-ZIP	INCLINE VILLAGE, NV 89452
3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HAMBURG, DONALD A
3.3 STREET ADDRESS	437 MADISON AVENUE
3.4 CITY-ST-ZIP	NEW YORK, NY 10022
4.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SCHNEIDER, NANCY U
4.3 STREET ADDRESS	2107 ARBOR WAY
4.4 CITY-ST-ZIP	MARTINSVILLE, NJ 08836
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 change is shown on an attachment with an address.

SIGNATURE _____ DATE 08/13/97 (212) 907-7380

CP2E037 (4/97)