SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

FILED
95 JUL -3 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # N41217 (3)

1. Corporation Name

MARVIN R. AND SYLVIA LIBERMAN FOUNDATION, INC.

Principal Place of Business	Mailing Address
4545 N OCEAN BLVD #4D BOCA RATON FL 33431	4545 N OCEAN BLVD #4D BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1990
3a. Date of Last Report: 03/02/1994
4. FEI Number: 65-0233113 ☐ Applied For ☐ Not Applicable
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 ☐ — FILING FEE IS $61.25
8. The corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LIBERMAN, MARVIN R. 4545 N OCEAN BLVD #4D BOCA RATON FL 33431	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 ____ DATE ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1.1 TITLE ☐ Change ☐ Addition
NAME	LIBERMAN, MARVIN R	1.2 NAME
STREET ADDRESS	4545 N OCEAN BLVD #4D	1.3 STREET ADDRESS
CITY ST ZIP	BOCA RATON FL	1.4 CITY ST ZIP
TITLE	D	2.1 TITLE ☐ Change ☐ Addition
NAME	LIBERMAN, SYLVIA	2.2 NAME
STREET ADDRESS	4545 N OCEAN BLVD #4D	2.3 STREET ADDRESS
CITY ST ZIP	BOCA RATON FL	2.4 CITY ST ZIP
TITLE	D	3.1 TITLE ☐ Change ☐ Addition
NAME	LIBERMAN, MITCHELL S	3.2 NAME
STREET ADDRESS	2945 BONNIE BRAE CRESCEN	3.3 STREET ADDRESS
CITY ST ZIP	FLOSSMOOR FL	3.4 CITY ST ZIP
TITLE		4.1 TITLE ☐ Change ☐ Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY ST ZIP		4.4 CITY ST ZIP
TITLE		5.1 TITLE ☐ Change ☐ Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY ST ZIP		5.4 CITY ST ZIP
TITLE		6.1 TITLE ☐ Change ☐ Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY ST ZIP		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)(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: Sylvia Liberman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)

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