

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 14 AM 9:25

DOCUMENT # N48475 (0)

1. Corporation Name
MAX P. GOTTFRIED FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
10145 AVIENDA DEL RIO 10145 AVIENDA DEL RIO
DELRAY BEACH FL 33446 DELRAY BEACH FL 33446

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|--|--|
| 3. Date Incorporated or Qualified 04/17/1992 | 3a. Date of Last Report 04/14/1994 |
| 4. FEI Number 65-0329468 | 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 |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | FILING FEE IS \$61.25 |
| 8. This corporation has liability for a charitable tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent
**GOTTFRIED, MAX P.
10145 AVIENDA DEL RIO
DELRAY BEACH FL 33446**

| |
|---|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------|---|---|
| TITLE | D | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOTTFRIED, MAX P. | 12 NAME | |
| STREET ADDRESS | 10145 AVIENDA DEL RIO | 13 STREET ADDRESS | |
| CITY - ST - ZIP | DELRAY BEACH FL | 14 CITY - ST - ZIP | |
| TITLE | D | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOTTFRIED, BRENT M | 22 NAME | |
| STREET ADDRESS | 5152 LERADO | 23 STREET ADDRESS | |
| CITY - ST - ZIP | TOLEDO OH | 24 CITY - ST - ZIP | |
| TITLE | D | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSENBLATT, HOWARD M. | 32 NAME | |
| STREET ADDRESS | 4715 PENNRIDGE RD | 33 STREET ADDRESS | |
| CITY - ST - ZIP | TOLEDO OH | 34 CITY - ST - ZIP | |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 64 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)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Max P. Gottfried June 9, 1995 407/495-3983
MAX P. GOTTFRIED Date Secretary/Treasurer

CR2E037 (3/95)