## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N48475

(0)

MAX P. GOTTFRIED FOUNDATION, INC.

Principal Place of Business Mailing Address  10145 AVIENDA DEL RIO DELRAY BEACH FL 33446  Mailing Address  10145 AVIENDA DEL RIO DELRAY BEACH FL 33446									
						3. Date Incorporated or Qualified 04/17/1992	3a. Date	of Last /14/1	
	ace of Business	2a. Mailing Address				4. FEI Number 65-0329468			Applied For
Suite, Ant. 4	H oto	Suite, Apt. #, etc.				05/05/29400	···· · · · · · · · · · · · · · · · · ·		Not Applicable
22 Suite, April 1	#, etc.	27 Suite, Apr. #, etc.				5. Certificate of Status Desired			Additional Required
City & State	· · · · ·	City & State				6. Election Campaign Financing		\$5.0	O May Be
23		28				Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	<b>├</b> ─¬	untry		8. This corporation has liability for in	itangible tax u ] Yes 🔀 N		199.032,
24	9. Name and Address of Currer	29 29 Agent	30	Γ		Florida Statutes  10. Name and Address of New Re			
	·			81	Name		•		
GOTTFRI	IED, MAX P.			82	Shoot Add	ress (P.O. Box Number is Not Acceptable	o)		
10145 AVIENDA DEL RIO				02	Street Add	ress (F.O. Box Number is Not Acceptable	2)		
DELRAY	BEACH FL 33446			83					
				84	City			85 Zip	o Code
					O.1.,		FL		, 0000
SIGNATURE .	Signature, typed or printed name of registered agent OFFICEAS AN	rand title Lapplicable (NO DIDIRECTORS	OTE: Registered		t signature require	nd when reinstatings ADDITIONS/OHANGES TO OFFIC	DATE. DERS AND D	RECTO	PRS IN 12
TITLE	D	DELETE	1 1 TI	ITLE				Change	Addition
NAME	GOTTFRIED, MAX P.		12 N	AME					
STREET ADDRESS	10145 AVIENDA DEL RIO		1 3 S	TREET	ADDRESS				
CITY - ST - 7IP	DELRAY BEACH FL	Florier		ITY - S	T-ZIP			01	
TITLE	•	SOTTFRIED, BRENT M		2 1 TITLE 2 2 NAME 2 3 STREET ADORESS			ш	Change	☐ Addition
NAME STREET ADORESS	5152 LERADO								
CITY-ST-ZIP	TOLEDO OH			CHTY - S					
TIFLE	D	DELETE	311		,, ,,,			Change	Addition
NAME	ROSENBLATT, HOWARD M.		32 N	AME					
STREET ADDRESS	4715 PENNRIDGE RD		338	TREET	ADORESS				
CHTY - ST - ZHP	TOLEDO OH			CITY-S	S1 - ZIP				
TITLE		□DELĒTE	4.1 T				L	Change	☐ Addition
NAME CTOCKL ADDRESS			4 2 1		Appeced				
STREET ADDRESS  CITY - ST - ZIP					ADDRESS T. ZIP				
TITLE		DELETE	511	ITY-S ITLE	1 · ZIF	·		Change	Addition
NAME		<del></del>	5 2 N				_	•	_
STREET ADDRESS			535	TREET	ADDRESS				
CITY - ST - ZIP			5 4 C	1 <b>1</b> Y - S	1 - ZIP				
TITLE		DELETE	617					Change	Addition
NAME			€ 2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	v certify that the information supplied	with this filma is voluntarily fun		ity-si does		for the exemption stated in Section 119.0	7/3/fk) Florid	a Statut	es I further
certify that oath; that	t the information indicated on this ann	ual report or supplemental and oration or the receiver or truste	nual report se empowe	is tru	e and accura	ate and that my signature shall have the s is report as required by Chapter 617, Flo	same legal eff	ect as if	made under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MAX P. GOTTFRIED, PRESIDEN PRESIDENT February 5, 1996

407/495-3983 Daytime Prione ii

CR2E037 (12/95)