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04-20-1999 90065 019 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48475

1. Corporation Name

MAX P. GOTTFRIED FOUNDATION, INC.

Principal Place of Business

10145 AVENIDA DEL RIO
DELRAY BEACH FL 33446

Mailing Address

10145 AVENIDA DEL RIO
DELRAY BEACH FL 33446

357643-90065-19



2. Principal Place of Business

21 10145 AVENIDA DEL RIO

2a. Mailing Address

26 10145 AVENIDA DEL RIO

3. Date Incorporated or Qualified

04/17/1992

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4. FEI Number

65-0329468

Applied For

Not Applicable

City & State

23 DELRAY BEACH FL

City & State

28 DELRAY BEACH FL

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

24 33446-2423

Country

25 USA

Zip

29 33446-2423

Country

30 USA

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GOTTFRIED, MAX P.
10145 AVENIDA 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

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 MAX P. GOTTFRIED

April 14, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME GOTTFRIED, MAX P.
STREET ADDRESS 10145 AVENIDA DEL RIO
CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME GOTTFRIED, BRENT M
STREET ADDRESS 5152 LERADO
CITY-ST-ZIP TOLEDO OH

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME ROSENBLATT, HOWARD M.
STREET ADDRESS 4715 PENNRIDGE RD
CITY-ST-ZIP TOLEDO OH

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: [Handwritten Signature]

April 14, 1999 561/495-3983

CR2E037 (11/98)