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Feb 05 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N92000000285 (8)

1. Corporation Name

THE MARY ANN AND HAROLD PERPER FOUNDATION, INC.



Principal Place of Business

Mailing Address

17890 ABERDEEN WAY  
BOCA RATON FL 33496

17890 ABERDEEN WAY  
BOCA RATON FL 33496

3. Date Incorporated or Qualified

11/13/1992

4. FEI Number

65-0370994

Applied For

Not Applicable

2. Principal Place of Business

21 47 St. Thomas Drive

Suite, Apt. #, etc.

22 City & State

23 Palm Beach Gardens, Fl.

24 Zip 33418

25 Country USA

2a. Mailing Address

26 47 St. Thomas Drive

Suite, Apt. #, etc.

27 City & State

28 Palm Beach Gardens, Fl.

29 Zip 33418

30 Country USA

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. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERPER, HAROLD E.,  
17890 ABERDEEN WAY  
BOCA RATON FL 33496

81 Name

PERPER, HAROLD E

82 Street Address (P.O. Box Number is Not Acceptable)

47 St. Thomas Drive

83

84 City

Palm Beach Gardens,

FL

85 Zip Code

33418

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

*Harold E. Perper*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 10, 1998

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME PERPER, HAROLD E.  
STREET ADDRESS 17890 ABERDEEN WAY  
CITY-ST-ZIP BOCA RATON FL 33496-1411

☐ DELETE

TITLE VPD  
NAME RAFFERTY, CATHERINE, M  
STREET ADDRESS 4730 MASS. AVE. N.W.  
CITY-ST-ZIP WASHINGTON DC 20016

☐ DELETE

TITLE STD  
NAME PERPER, MARY A  
STREET ADDRESS 17890 ABERDEEN WAY  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE PD  
1.2 NAME PERPER, HAROLD E  
1.3 STREET ADDRESS 47 St. Thomas Drive  
1.4 CITY-ST-ZIP Palm Beach Gardens, FL. 33418

☒ Change ☐ Addition

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

☐ Change ☐ Addition

3.1 TITLE STD  
3.2 NAME PERPER, MARY A  
3.3 STREET ADDRESS 47 St. Thomas Drive  
3.4 CITY-ST-ZIP Palm Beach Gardens, FL. 33418

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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.

SIGNATURE:

*Harold E. Perper*

HAROLD E. PERPER

1/10/98

561/776-2325

CR2E037 (1097)