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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N93000000618 (9)

PAUL W. WILLIAMS FOUNDATION, INC.

FILED Feb 19 1998 8:00am Secretary of State

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					[] [] [] [] [] [] [] [] []					
Principal Place of Business Mailing Address						r smarringt men imtod treet dater dater Agigt garer (#8114 68 118)	1861 1811 188 1	
1601 FORUM P	LACE	1601 FORUM PLACE				3. Date Incorporated or Qualified				
SUITE 403		SUITE 403				02/12/1993				
WEST PALM BI	EACH FL 33401	WEST PALM BEACH FL 33401 US				4. FEI Number		Ap	plied For	
US		US				65-0387525		No	t Applicable	
2. Principal P	lace of Business	2a. Malling Address 26				5. Certificate of Status Desired	CQ 75 Additional			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing			May Be	
22		27				Trust Fund Contribution		ided to		
City & Stat	9	City & State				7. Is this nonprofit corporation a homeowne	ors asso No	ciation	ገ?	
23 Zip	Country	28 Zip	Country			8. This corporation owes or has paid the cu		ear Int	annible	
24	25	29	30	-,			Yes	_] No	
<u> </u>	9. Name and Address of Curren		1551			10. Name and Address of New Registered	Agent			
			8	ii 📗	Name					
SHAW, ELUOT S				82 Street Address (P.O. Box Number is Not Acceptable)						
1601 FC	RUM PLACE			\perp						
SUITE 4			}8	3						
WEST P	ALM BEACH FL 33401		Į a	14	City		85	Zip (Code	
	<u></u>					FI.			1-4	
11. Pursuant	to the provisions of Sections 617.050 egistered agent, or both, in the State	2 and 617.1508, Florida Statu of Florida, Such change was	tes, the abo authorized	by t	named the corp	corporation submits this statement for the purpose organion's board of directors. I hereby accept the ap	onang Pointme	ging it: ant as	s registered registered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 617.0503, Fl	lorida Statut	tes.	•	oration's board of directors. I hereby accept the ap			•	
SIGNATURE						required when reinstating) DATE				
12.	Signature, typed or printed name of registered age OFFICERS ANI		13.	-Qent	Bignature	ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTOR	S IN 12	
TITLE	PD	DELETE	1.1 TITL	E			Ch		Addition	
NAME	WILLIAMS, PAUL W		1.2 NAM	IE		•				
STREET ADDRESS	12445 PLANTATION LANE		1.3 STRE	EET AI	DDRESS					
CITY-ST-ZIP	N. PALM BEACH FL 33408		1.4 CITY	'-ST-	-ZIP					
TITLE	VTD	DELETE	2.1 TITL	2.1 TITLE		President, Director	X Cr	nange	Addition	
NAME	HANDELMAN, DONALD E		2.2 NAM	Œ		Handelman, Donald E.				
STREET ADDRESS	P.O. BOX 817 N/A		2.3 STRE	EET AI	DDRESS	4 International Drive				
CITY-ST-ZIP	PURCHASE NY 10577					Ryebrook, NY 10573			1 1 1 1 1 1 1	
TITLE	-S TD	☐ DELETE	3.1 TITL			Vice President, Director	X Cr	nange	Addition	
NAME	HANDELMAN, WILLIAM R		3.2 NAM			Handelman, William R.				
STREET ADDRESS	P.O. BOX 817 N/A			3.3 STREET ADDRESS		4 International Drive				
CITY-ST-ZIP	PURCHASE NY 10577	☐ DELETE	3.4. CITY 4.1 TITL		- ZIP	Ryebrook, NY 10573	X Cr	hanne	Addition	
TITLE	S. Shaw, Elliot S		4.1 IIIL			Secretary, Director Shaw, Elliot S.	الالجا	with Apr		
NAME	1601 FORUM PLACE #403				DDRESS	1601 Forum Place, #403				
STREET ADDRESS	WEST PALM BEACH FL		4.4 CITY			West Palm Beach, FL 33401			,	
CITY-ST-ZIP TITLE	D DEAGITE	DELETE	5.1 TITE		- EII	Mese Famil Beach, 11 33401	☐ Cr	hange	Addition	
NAME	DEKWIATKOWSKI, HENRYK F	_	5.2 NAM					•		
STREET ADDRESS	SERENDIP COVE HOUSE, LY				DORESS					
CITY-ST-ZIP	NASSAU, BAHAMAS 07776		5.4 CITY							
TITLE		☐ DELETE	6.1 TITU	_		Assistant Treasurer	☐ Cr	hange	X Addition	
NAME			6.2 NAM	4E		Handelman, Richard A.				
STREET ADDRESS		_	6.3 STR	EET A	DORESS	4 International Drive				
CITY-ST-ZIP			6.4 CITY	<u>-ST-</u>	-ZIP	Ryebrook, NY 10573				
14. I hereby of	certify that the information supplied w	ith this filing does not qualify the annual eport is rue and ac	for the exen	nption that	on state	d in Section 119.07(3)(i), Florida Statutes. I further on nature shall have the same legal effect as if made u	ertify the	iat the ath; the	information at I am an	
14. I hereby certify that the information supplied with this filling 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.										
Block 12 or Block 13 it changed, or on an attachmoor with an address.										

FAILER Charles Comptant Din 561/697-9000