FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N9300000961 (3) DOCUMENT

THE HADAR FOUNDATION, INC.

FILED Feb 17 1997 8:00am Secretary of State

1116.11	ADAM TOMBATION, INC.				
Principal Place	e of Business	Mailing Address		E SABILIBY BIR ERIAN FILLI ABULI BRIN	MAINE MANN MANN MANN BUIN ALEME SOND SOND
3080 N COURSE DR 101.51 POMPANO BEACH FL 33069		955 FIFTH AVE NEW YORK NY 10021-1738	3		
		,		3. Date Incorporated or Qualified 02/25/1993	3a. Date of Last Report 03/13/1996
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 13-3721350	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required
City & State	θ	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 30		Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	egistered Agent
1			81 Name		
C T CORPORATION SYSTEM 1200 S PINE ISLAND RD				ress (P.O. Box Number is Not Acceptal	ble)
PLANTA	TION FL 33324		83		
			84 City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 617,050 egistered agent, or both, in the State m familiar with, and accept the oblig	12 and 617.1508, Florida Statute of Florida. Such change was a	es, the above-named corp authorized by the corporal	poration submits this statement for the tion's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
	m tamiliar with, and accept the oblig	ations of Section of 7.0000, 110	orida Statutes.		
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NOT)	E: Registered Agent signature requi	red when reinstating)	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HADAR, MARGERY R		1.2 NAME		
STREET ADDRESS	315 E 69TH ST APT 12D		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10021		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	HADAR, RICHARD A		2.2 NAME		
STREET ADDRESS	315 E 69TH ST APT 12D		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10021		2. 4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HADAR, JOSHUA A		3.2 NAME		
STREET ADDRESS	315 E 69TH ST APT 2M		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10021		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HADAR, ERIC D		4. 2 NAME		
STREET ADDRESS	181 E 73RD ST PHC		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10021		4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			6.4 CITY - ST - ZIP		
CITY-ST-ZIP	 	1 14 11 12 12	8.9 GHT-31-21F	1 - 0 - E - 440 03(0V) Florido Oto 4	

I do 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 33 if changed, or of an attachmen) with an address.