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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:15

DOCUMENT # N94000000655 (0)

1. Corporation Name

THE MAX & EVELYN SCHACKNOW FOUNDATION, INC.

Principal Place of Business

10481 N.W. 17TH ST.
PLANTATION FL 33322

Mailing Address

10481 N.W. 17TH ST.
PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1994

3a. Date of Last Report

4. FEI Number

65-0464694

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

23. City & State

23

Zip

Country

27. City & State

27

Zip

Country

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MACLEAN, FREDERICK R
2600 N.E. 14TH ST. CAUSEWAY
POMPANO BEACH FL 33062

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DPT
SCHACKNOW, MAX
10481 N.W. 17TH ST.
PLANTATION FL 33322

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D
SCHACKNOW, EVELYN
10481 N.W. 17TH ST.
PLANTATION FL 33322

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DS
SCHACKNOW, PAUL N
15 SHELDRAKE LANE
PALM BEACH GARDENS FL 33418

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D
SCHACKNOW, SHARMA J
15 SHELDRAKE LANE
PALM BEACH GARDENS FL 33418

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

S
MACLEAN, FREDERICK R
2600 N.E. 14TH ST. CAUSEWAY
POMPANO BEACH FL 33062

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 registered agent or in the same capacity to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an addition with no address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #