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May 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000000729 (3)

1. Corporation Name

THE SPIELMAN CHARITABLE HELPING HAND FOUNDATION,
INC.



Principal Place of Business

Mailing Address

40307 FISHER ISLAND AVE
FISHER ISLAND FL 33102
U.S.

C/O JOE SCUTELLARO
1144 HOOPER AVENUE, SUITE 302
TOMS RIVER NJ 08753-8361

3. Date Incorporated or Qualified
02/14/1994

3a. Date of Last Report
05/31/1996

2. Principal Place of Business

2a. Mailing Address

21 12890 Gaithing Blvd

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 North Miami FL

28

Zip

Country

Zip

Country

24 33161

25

USA

29

30

4. FEI Number
65-0468634

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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 SPIELMAN, GERALD
STREET ADDRESS 40307 FISHER ISLAND DRIVE
CITY-ST-ZIP FISHER ISLAND FL

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SCUTELLARO, JOSEPH
STREET ADDRESS 1144 HOOPER AVENUE
CITY-ST-ZIP TOMS RIVER NJ

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME FURMAN, JEFF
STREET ADDRESS 312 E 50TH STREET
CITY-ST-ZIP NEW YORK NY

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do 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:

SIGNATURE REQUIRED

4/90/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0076722

CR2E037 (9/96)