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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # N9400000729 (3)

THE SPIELMAN CHARITABLE HELPING HAND FOUNDATION. INC. Principal Place of Business Malling Address 12890 GRIFTING BLVD C/O JOE SCUTELLARO 3. Date incorporated or Qualified NORTH MIAMI FL 33161 1144 HOOPER AVENUE. SUITE 302 02/14/1994 TOMS RIVER NJ 08753 4. FEI Number 65-0468634 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Der Ray City & State 7. Is this nonprofit corporation a homeowners association? Yes No Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 30 26 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SPIELMAN Genald LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134

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 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

S

ore of registered agent and title if applicable
OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when re-natating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1 1 TITLE TITLE SPIELMAN, GERALD SPIELMAN, GERALD NAME 12 NAME 40307 FISHER ISLAND DRIVE 7960 CAQUILA WAY STREET ADDRESS 1.3 STREET ADDRESS FISHER ISLAND FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE SCUTELLARO, JOSEPH NAME 2.2 NAME 1144 HOOPER AVENUE STREET ADDRESS 2.3 STREET ADDRESS toms river NJ CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE FURMAN, JEFF NAME 3.2 NAME 312 E 50TH STREET STREET ADDRESS 3.3 STREET ADDRESS NEW YORK NY CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ DELETE 4.1 TITLE ☐ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE NAME 6.2 NAME

CITY-ST-ZIP 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 on an appear of the corporation of the corporation

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

FILED

May 06 1998 8:00am

Secretary of State

Applied For

Not Applicable