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Jun 24 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N94000004391 (8)

1. Corporation Name

LENORE AND NORMAN BERKE CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

775 LONGBOAT KEY CLUB ROAD
APARTMENT 602
LONGBOAT KEY FL 34228

775 LONGBOAT KEY CLUB ROAD
APARTMENT 602
LONGBOAT KEY FL 34228

3. Date Incorporated or Qualified
09/02/1994

3a. Date of Last Report
4/97

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

4. FEI Number
65-0529667

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

BERKE, NORMAN
775 LONGBOAT KEY CLUB ROAD
APARTMENT 602
LONGBOAT KEY FL 34228

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME BERKE, NORMAN
STREET ADDRESS 775 LONGBOAT KEY CLUB ROAD, APT. 602
CITY-ST-ZIP LONGBOAT KEY FL 34228

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPSD
NAME BERKE, LENORE
STREET ADDRESS 775 LONGBOAT KEY CLUB ROAD, APT. 602
CITY-ST-ZIP LONGBOAT KEY FL 34228

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME SPEVACK, JEROME
STREET ADDRESS 7 HAMPSHIRE COURT
CITY-ST-ZIP BEACHWOOD OH 44122

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME MERMIS, IVAN
STREET ADDRESS 48001 MATHER LANE
CITY-ST-ZIP HUNTING VALLEY OH 44022

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME SHOLITON, FAYE
STREET ADDRESS 2401 ALLEN BOULEVARD
CITY-ST-ZIP BEACHWOOD OH 44122

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME LEWIN, SHELDON
STREET ADDRESS 520 SUPERIOR AV, LEADER BLDG, SUITE 1430
CITY-ST-ZIP CLEVELAND OH 44114

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 (changed, or on an attachment with an address.