

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Feb 11 1996 8:00 am

Secretary of State

DOCUMENT # **N94000004947 (7)**

1. Corporation Name

THE BLANCHE AND A.L. LEVINE FOUNDATION, INC.



Principal Place of Business Mailing Address
% PROSKAUER ROSE GOETZ & MENDELSON
2255 GLADES RD SUITE 340W
BOCA RATON FL 33431

3. Date Incorporated or Qualified **10/07/1994** 3a. Date of Last Report **06/19/1995**
4. FEI Number **65-0554692** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERDMAN, JOSEPH ESO
2255 GLADES RD SUITE 340W
BOCA RATON FL

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 ☐ DELETE
NAME **D LEVINE, BLANCHE S**
STREET ADDRESS **300 RIDGEVIEW DR**
CITY-ST-ZIP **PALM BEACH FL 33480**
TITLE ☐ DELETE
NAME **D STEIGER, CAROLE ANN**
STREET ADDRESS **263 MANOR RD**
CITY-ST-ZIP **RIDGEWOOD NJ 07450**
TITLE ☐ DELETE
NAME **D STEIGER, ANDREW R**
STREET ADDRESS **56 CARNOT AVE**
CITY-ST-ZIP **WOODCLIFF LAKE NJ 07675**
TITLE ☐ DELETE
NAME **D STEIGER, ADAM J**
STREET ADDRESS **66 TIMBERLANE RD**
CITY-ST-ZIP **UPPER SADDLE RIVER NJ 07458**
TITLE ☐ DELETE
NAME **D STEIGER, DAVID L**
STREET ADDRESS **35 MARKHAM CIR**
CITY-ST-ZIP **ENGLEWOOD NJ 07631**
TITLE ☐ DELETE
NAME **D LEVINE, PETER L**
STREET ADDRESS **ROUTE 46 WEST**
CITY-ST-ZIP **WEST PATERSON NJ 07424**

11 TITLE ☐ Change ☒ Addition
12 NAME **D LEVINE, ARTHUR**
13 STREET ADDRESS **ROUTE 46 WEST**
14 CITY-ST-ZIP **WEST PATERSON, NJ 07424**
21 TITLE ☐ Change ☒ Addition
22 NAME **D ULLMANN, ANTHONY R.**
23 STREET ADDRESS **10 OLD JACKSON AVENUE**
24 CITY-ST-ZIP **HASTINGS-ON-HUDSON, NY 10706**
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96

201-696-4400

Date

Daytime Phone #

CR2E037 (12/95)