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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000004947**

1. Corporation Name
THE A.L. LEVINE FAMILY FOUNDATION, INC.

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	10/07/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0554692 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	LEVINE, ARTHUR L		1.2 NAME	Ullmann, Anthony R.	
STREET ADDRESS	RT 46 WEST		1.3 STREET ADDRESS	10 Old Jackson Ave.	
CITY-ST-ZIP	W PATERSON NJ 07424		1.4 CITY-ST-ZIP	Hastings, NY 10706	
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STEIGER, CAROLE ANN		2.2 NAME		
STREET ADDRESS	263 MANOR RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	RIDGEWOOD NJ		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STEIGER, ANDREW R.		3.2 NAME		
STREET ADDRESS	70 APPLE RIDGE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WOODCLIFF LAKE NJ 07675		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STEIGER, ADAM J		4. 2 NAME		
STREET ADDRESS	66 TIMBERLANE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	UPPER SADDLE RIVER NJ 07458		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STEIGER, DAVID L		5.2 NAME		
STREET ADDRESS	35 MARKHAM CIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD NJ 07631		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LEVINE, PETER L		6.2 NAME		
STREET ADDRESS	ROUTE 46 WEST		6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PATERSON NJ 07424		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Jan 21, 1999 954-691-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #