01221999-90086-005-$61.25-$61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N94000005720**

1. Corporation Name
COUNT DR. ALBERT WASS DE CZEGE FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/OARPAD SZEKELY 1145 ROXBORO RD LONGWOOD FL 32750 US	C/O ARPAD SZEKELY 1145 ROXBORO RD LONGWOOD FL 32750 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/18/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3277992 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate 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

SZEKELY, ARPAD
1145 ROXBORO ROAD
LONGWOOD FL 32750

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	☐ Change ☐ Addition
NAME	WASS, ALBERT		1.2 NAME	
STREET ADDRESS	54729 CEDAR CREST RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR FL 32102		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BANKUTY, GEZA E		2.2 NAME	
STREET ADDRESS	705 KEY ROYAL		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL 33510		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KISS, GABRIEL G		3.2 NAME	
STREET ADDRESS	5324 PINEVIEW WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DEMETER, BELA		4.2 NAME	
STREET ADDRESS	806 S SUMMERLIN AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FO		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SZEKELY, ARPAD		5.2 NAME	
STREET ADDRESS	1145 ROXBORO RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ELISABETH, FESUS		6.2 NAME	
STREET ADDRESS	1605 POCATELLO ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		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** Arpad Szekely 2/11/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Registered Agent / Board of Directors