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Jan 29 1996 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000006326 (2)
 1. Corporation Name
BURTON & BEATRICE DERMER FAMILY FOUNDATION, INC.

Principal Place of Business: **1180 S OCEAN BLVD APT 8E BOCA RATON FL 33432**
 Mailing Address: **1180 S OCEAN BLVD APT 8E BOCA RATON FL 33432**

3. Date Incorporated or Qualified: **12/29/1994**
 3a. Date of Last Report: **07/11/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	65-0551008	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DERMER, BURTON 1180 S OCEAN BLVD APT 8E BOCA RATON FL 33432		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 617.0602 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 617.0603, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERMER, BURTON	1.2 NAME	
STREET ADDRESS	1180 S OCEAN BLVD 8E	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERMER, BEATRICE	2.2 NAME	
STREET ADDRESS	1180 S OCEAN BLVD 8E	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERMER, MICHAEL	3.2 NAME	
STREET ADDRESS	1108 PARK AVE GF	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOBOKEN NJ 07030	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERMER, DANIEL	4.2 NAME	
STREET ADDRESS	1108 PARK AVE GF	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOBOKEN NJ	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 included 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 appointment with an address.

SIGNATURE: *Burton Dermer* **Burton Dermer** 1/23/96 407 361-0962
 NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)