

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

DOCUMENT # N95000000353 (1)

1. Corporation Name

THE DR. BERNARD STEINBERGER NATIONAL FRAGILE-X/
S SYNDROME FOUNDATION, INC.



Principal Place of Business

Mailing Address

3908 S. OCEAN BLVD., TH#4
HIGHLAND BEACH FL 33487

3908 S. OCEAN BLVD., TH#4
HIGHLAND BEACH FL 33487

3. Date Incorporated or Qualified
01/25/1995

3a. Date of Last Report
12-31-95

2. Principal Place of Business

2a. Mailing Address

21 ABOVE ADDRESS

26 ABOVE ADDRESS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

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

BERKOWITZ, SANDY
3908 S. OCEAN BLVD., TH#4
HIGHLAND BEACH FL 33487

81 Name

SANDY BERKOWITZ

82 Street Address (P.O. Box Number is Not Acceptable)

3908 S OCEAN Blvd. TH4

83

84 City

HIGHLAND BEACH

FL

85 Zip Code

33487

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, 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

SANDY BERKOWITZ

(NOTE: Registered Agent signature required when reinstating)

4/11/96

12.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

STEINBERGER, BERNARD, M.D.

3908 S. OCEAN BLVD., TH#4

HIGHLAND BEACH FL 33487

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD

BERKOWITZ, SANDY

3908 S. OCEAN BLVD., TH#4

HIGHLAND BEACH FL 33487

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD

STEINBERGER, ROBERT M., M.D.

1181 OLD COUNTRY ROAD

PLAINVIEW NY 11803

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD

RAFFA, GREGORY SR.

2060 CREST ROAD

MUTTON TOWN NY 11791

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD

KOTKIN, HOWARD

14 WILLA WAY

MASSAPEQUA NY 11758

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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:

SANDY BERKOWITZ

4/11/96

Date

Daytime Phone #

407-
272-2164

CR2E037 (12/95)