

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jul 31 1997 8:00am
Secretary of State

DOCUMENT # N95000000353 (1)

1. Corporation Name

THE DR. BERNARD STEINBERGER NATIONAL FRAGILE-X-S
YNDROME 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1995

3a. Date of Last Report

04/20/1996

4. FEI Number

65-0553434

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Above Address

26 Above Address

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

25 Palm Beach

29 Zip

Country

30 Pal

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. TH # 4

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, 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 obligation 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)

7/21/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STEINBERGER, BERNARD MD
STREET ADDRESS 3908 S. OCEAN BLVD., TH#4
CITY-ST-ZIP HIGHLAND BEACH FL 33487

☐ DELETE

TITLE SD
NAME BERKOWITZ, SANDY
STREET ADDRESS 3908 S. OCEAN BLVD., TH#4
CITY-ST-ZIP HIGHLAND BEACH FL 33487

☐ DELETE

TITLE VD
NAME STEINBERGER, ROBERT M MD
STREET ADDRESS 1181 OLD COUNTRY ROAD
CITY-ST-ZIP PLAINVIEW NY 11803

☐ DELETE

TITLE VD
NAME RAFFA, GREGORY SR.
STREET ADDRESS 2060 CREST ROAD
CITY-ST-ZIP MUTTON TOWN NY 11791

☐ DELETE

TITLE TD
NAME KOTKIN, HOWARD
STREET ADDRESS 14 WILLA WAY
CITY-ST-ZIP MASSAPEQUA NY 11758

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE REQUIRED

7/21/97

CR2E037 (4/97)