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AND  
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99 FEB 12 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NONPROFIT CORPORATION ANNUAL REPORT 1999**

**DOCUMENT # N95000000353**

1. Corporation Name  
**THE DR. BERNARD STEINBERGER NATIONAL FRAGILE-X SYNDROME FOUNDATION, INC.**

Principal Place of Business Mailing Address

**4408 INTRA COASTAL DRIVE  
HIGHLAND BEACH FL 33487  
USA**

**4408 INTRA COASTAL DRIVE  
HIGHLAND BEACH FL 33487  
USA**

2. Principal Place of Business

21 **4408 INTRA COASTAL DRIVE**

22 Suite, Apt. #, etc.

23 City & State **HIGHLAND BEACH FL**

24 Zip **33487**

25 Country **US**

26 Mailing Address **4408 INTRA COASTAL DRIVE**

27 Suite, Apt. #, etc.

28 City & State **HIGHLAND BEACH FL**

29 Zip **33487**

30 Country **US**

3. Date Incorporated or Qualified **01/25/1995**

4. FEI Number **65-0553434**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

**BERKOWITZ, SANDY**

**4408 INTRA COASTAL DRIVE**

**HIGHLAND BEACH FL 33487**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code **FL**

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

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

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**

NAME **STEINBERGER, BERNARD MD**

STREET ADDRESS **4408 INTRA COASTAL DRIVE**

CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE **SD**

NAME **BERKOWITZ, SANDY**

STREET ADDRESS **4408 INTRA COASTAL DRIVE**

CITY-ST-ZIP **HIGHLAND BEACH, FL 33487**

TITLE **VD**

NAME **STEINBERGER, ROBERT M MD**

STREET ADDRESS **1181 OLD COUNTRY ROAD**

CITY-ST-ZIP **PLAINVIEW NY 11803**

TITLE **VD**

NAME **RAFFA, GREGORY SR.**

STREET ADDRESS **2060 CREST ROAD**

CITY-ST-ZIP **MUTTON TOWN NY 11791**

TITLE **TD**

NAME **KOTKIN, HOWARD**

STREET ADDRESS **14 WILLA WAY**

CITY-ST-ZIP **MASSAPEQUA NY 11758**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS **100002778311--6**

1.4 CITY-ST-ZIP **-02/17/99--01067--005**

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

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 in an attachment with an address, with all other like empowered.

SIGNATURE: **Sandy Berkowitz, Pres.** 2/9/99 561-24-214

SANDY BERKOWITZ

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR

7998-1999 AR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000036991

1. Corporation Name

OLBS ENTERPRISES, INC.

Principal Place of Business

20200 N.E. 27TH COURT, #7  
AVENTURA FL 33180

Mailing Address

20200 N.E. 27TH COURT, #7  
AVENTURA FL 33180

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

7372 BIG CYPRESS CT.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33014

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/24/1997

5. FEI Number

65-0755185

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	OLBETER, MICHAEL J	20200 N.E. 27TH COURT, #7 7372 BIG CYPRESS CT	AVENTURA FL 33180 MIAMI, FL 33014

100002778351--2  
-02/17/99--01068--016  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

GARAY, SYBIL R  
14741 DADE PINE AVE.  
MIAMI LAKES FL 33014

9. Name and Address of New Registered Agent

Name

MICHAEL OLBETER

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

7372 BIG CYPRESS CT.

Suite, Apt. #, Etc.

NA

City

MIAMI

State

FL

Zip Code

33014

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 2-7-99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-7-99

Daytime Phone #

2

**OLBS ENTERPRISES INC.**  
**7372 BIG CYPRESS CT**  
**MIAMI, FL 33014**

Sunday, February 07, 1999

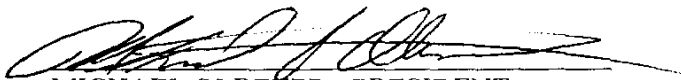
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327

RE: MISSING ANNUAL REPORT

We regret to tell you that we never received the first nor the second notice to collect the annual dues. As a matter of fact, we are taking all the necessary steps to prevent this from happening again. As you can see, we moved our business location to 7372 BIG CYPRESS CT, Miami, FL 33014 and the mail was not forwarded by the post office. We did not intentionally forgot to pay the annual dues since we have no records of receiving the notices. Please, accept the enclosed check in the amount of \$150.00 and we respectfully ask for the additional fees to be abated.

We thank you in advance for your time and understanding to our special request. If you have any question, do not hesitate to contact us at (305) 819-1821.

Sincerely yours,

  
MICHAEL OLBETER - PRESIDENT