FILE NOW: FILING FEE IS \$61.25

Mailing Address

13909 LEHAVRE DRIVE

2a. Mailing Address

City & State

27

29

Suite, Apt. #, etc.

PALM BEACH GARDENS FL 33410

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

PALM BEACH GARDENS FL 33410

2. Principal Place of Business

Suite, Apt. #, etc.

MESTEL, HARRY

13909 LAHAVRE DRIVE

City & State

22

13909 LEHAVRE DRIVE



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000000442 (2)

THE GEORGE AND IDA MESTEL FOUNDATION, INC.

Country

9. Name and Address of Current Registered Agent

25

PALM BEACH GARDENS FL 33410

FILED Apr 17 1998 8:00am Secretary of State

410	3. Date Incorporated or Qualified 01/30/1995 4. FEI Number						
	65-0559509	Applied For Not Applicable					
		\$8.75 Additional Fee Required					
	1	\$5.00 May Be Added to Fees					
	7. Is this nonprofit corporation a homeowners association?						
Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No						
	Name and Address of New Registered Ager	Yt .					
81 Name							

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

85 Zip Code 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.

30

SIGNATURE							
	Signature, typed or printed name of registered agent and title if applicat	Me. (NOTE: R		required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHA	NGES TO OFFICERS AND		
TITLE	OPT	DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	MESTEL, HARRY		1.2 NAME				
§TREET ADDRESS	13909 LAHAVRE DRIVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		1.4 CITY-ST-ZIP				
TITLE	DS	☐ DELETE	2.1 TITLE			Change	Addition
* NAME	RICH, ELAINE		2.2 NAME				
STREET ADDRESS	301 W. 57TH ST., APT. 15C		2.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10019-3164		2. 4 CITY-ST-ZIP				
TITLE	D	DELETE	3.1 TITLE			Change	Addition
NAME	MESTEL, STANLEY		3.2 NAME				
STREET ADDRESS	579 FLANDERS DRIVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	NORTH WOODMERE NY 11581-3012		3.4. CITY-ST-ZIP				
TITLE	•	DEFELE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			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 on an attachment with an address.

SIGNATURE:

4/4/98