

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90033 038 ****61.25

DOCUMENT # N9500000442

1. Entity Name
 THE GEORGE AND IDA MESTEL FOUNDATION, INC.



Principal Place of Business
 13909 LEHAVRE DRIVE
 PALM BEACH GARDENS, FL 33410

Mailing Address
 116 CLEVELAND AVENUE N.W.
 SUITE 525
 CANTON, OH 44702

44003759



2. Principal Place of Business
 3800 S. Ocean Dr.

3. Mailing Address
 3800 S. Ocean Dr.

Suite, Apt. #, etc.
 #1704

01202004 Chg-NP CR2E037 (10/03)

City & State
 Hollywood, FL

City & State
 Hollywood, FL

Zip Country
 33019 US

4. FEI Number
 65-0559509

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MESTEL, HARRY
 13909 LAHAVRE DRIVE
 PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name Stanley Mestel

Street Address (P.O. Box Number is Not Acceptable)
 3800 S. Ocean Dr., Apt. 1704

City Hollywood FL Zip Code 33019

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 1/20/04

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MESTEL, HARRY 13909 LEHAVRE DRIVE PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RICH, ELAINE 301 W. 57TH ST., APT. 15C NEW YORK, NY 10019 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- MESTEL, STANLEY 3800 SOUTH OCEAN DR., APT. 1704 HOLLYWOOD, FL 33019 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT STANLEY MESTEL 3800 S. OCEAN DRIVE, APT. 1704 HOLLYWOOD, FL 33019 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERNICE MESTEL 3800 S. OCEAN DRIVE, APT. 1704 HOLLYWOOD, FL 33019 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE 1/20/04 954 457-8399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #