

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Haggis
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90292 016 ****61.25

DOCUMENT #

1. Corporation Name

Foundation For Jacobson Resonance, Inc.

Principal Place of Business

Mailing Address

8137 MIZNER LANE
BOCA RATON, Florida 33433

2. Principal Place of Business

21 8137 MIZNER LANE

2a. Mailing Address

26 8137 MIZNER LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 BOCA RATON, FLA

City & State

28

Zip

24 33433

Country

25 PALM BCH

Zip

29

Country

30

3. Date Incorporated or Qualified

3/15/95

4. FEI Number

65-0566141

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fees Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HARVEY CROSSMAN
8137 MIZNER LANE
BOCA RATON, FLA. 33433

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 "D" PRESIDENT ☐ DELETE

NAME HARVEY CROSSMAN

STREET ADDRESS 8137 MIZNER LANE

CITY-ST-ZIP BOCA RATON, FLA 33433

TITLE "D" SECRETARY ☐ DELETE

NAME ROSALYN GROSSMAN

STREET ADDRESS 8137 MIZNER LANE

CITY-ST-ZIP BOCA RATON, FLA 33433

TITLE "D" TREASURER ☐ DELETE

NAME PAUL HUNDRED MARK

STREET ADDRESS 5495 NE 25 AVE #301

CITY-ST-ZIP FORT LAUDERDALE, FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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, with all other like empowered.

SIGNATURE:

HARVEY CROSSMAN
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/27/99
Daytime Phone # 561-883-1183

CR2E037 (11/98)