

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.26 (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  
Aug 27 1997 8:00am  
Secretary of State

DOCUMENT # N95000003771 (1)

1. Corporation Name

A. PHILLIP GOLDSMITH AND FRIEDA GOLDSMITH FOUNDATION, INC.

Principal Place of Business

Mailing Address

2780 S OCEAN BLVD  
APT 802  
PALM BEACH FL 33480

2780 S OCEAN BLVD  
APT 802  
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/08/1995  
3a. Date of Last Report 05/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number 65-0613640  
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDSMITH, A. PHILLIP  
2780 S OCEAN BLVD  
APT 802  
PALM BEACH FL 33480

81 Name FRIEDA GOLDSMITH  
82 Street Address (P.O. Box Number is Not Acceptable) 2780 S. OCEAN BLVD  
83 APT 802  
84 City PALM BEACH FL FL 85 Zip Code 33480

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 FRIEDA GOLDSMITH

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

8/20/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME GOLDSMITH, A. PHILLIP  
STREET ADDRESS 2780 S OCEAN BLVD APT 802  
CITY-ST-ZIP PALM BEACH FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME GOLDSMITH, FRIEDA  
STREET ADDRESS 2780 S OCEAN BLVD APT 802  
CITY-ST-ZIP PALM BEACH FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ASD ☐ DELETE  
NAME ZEIDMAN, BETTY  
STREET ADDRESS 22 W 38 ST ROOM 1003  
CITY-ST-ZIP NEW YORK NY

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME STRULOVIC, LYNDIA A  
STREET ADDRESS APTARTADO 16219  
CITY-ST-ZIP CARACAS 1011-A, VENEZUELA

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME RADEL, ELLYN R  
STREET ADDRESS 933 PARK AVE  
CITY-ST-ZIP NEW YORK NY

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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

8/17/97 3:23 PM

CR2E037 (4/97)