FILE NOW: FILING FEE IS \$61.25

Mailing Address

2780 S OCEAN BLVD

APT 802 PALM BEACH FL 33480

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2780 S OCEAN BLVD APT 802 PALM BEACH FL 33480

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 30 1998 8:00am

Secretary of State

4/24/98 21x-730-9595

3. Date Incorporated or Qualified

08/08/1995

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000003771 (1)

A. PHILLIP GOLDSMITH AND FRIEDA GOLDSMITH FOUNDA TION, INC.

FALM DENOTITE 50900			FALM BENON FE 30400					4. FEI Number			Appl	ed For	
								65-0613640			Not /	Applicable	
2. Principal Pl	2. Principal Place of Business			2a. Mailing Address				5. Certificate of Status Desire	es 🗀		75 Ad		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5.5	*		ee Requ		
22			27					 Etection Campaign Finance Trust Fund Contribution 	ing		.00 Ma ded to F		
City & State	9		City & State					7. Is this nonprofit corporation a homeowners association?					
23			28					Yes Z No					
Zip Country			Zip	· · · · · · · · · · · · · · · · · · ·			atry 8. This corporation owes or has						
24	25 29 30					•		Personal Property Tax due		Yes			
9. Name and Address of Current Registered Agent						_	***	10. Name and Address of New Registered Agent					
7					81	i	Name						
GOLDSMITH, FRIEDA						82 Street Address (P.O. Box Number is Not Acceptable)							
2780 S OCEAN BLVD							82 Street Address (P.O. Box Number is Not Acceptable)						
APT 802					83	3							
	EACH FL 3341			84	1	0							
THEM DEPOSITE COTO						١	City		FI	85	Zip Co	ode	
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.													
<u>-</u>													
SIGNATURE Signature, typed or printed runne of registered agent and title # applicable (NOTE Registered Agent signature required when reinstating) DATE													
12.	-	OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO	OFFICERS AN	ID DIREC	CTORS	IN 12	
TITLE	VO			DELETE	1.1 TITLE					Ch	ange	Addition	
NAME	GOLDSMITH, FRIEDA												
STREET ADDRESS	2780 S OC	!				UDDRESS							
CITY-ST-ZIP	B4144 BB44 BB						- ZIP						
TITLE	ASTD	<u> </u>		DELETE	2.1 TITLE	-				Ch	ange	Addition	
NAME	ZEIDMAN, I	RFITY			2.2 NAME								
STREET ADDRESS	TREET ADDRESS 22 W 38 ST ROOM 1003			2357			ADDRESS						
CITY-ST-ZIP	NEW YORK				2 4 CITY								
TITLE	TD	<u> </u>		DELETE	31 TITLE	~			· · · · · · · · · · · · · · · · · · ·	Ch	ange	Addition	
NAME	•••	C, LYNDA A			3.2 NAME						_		
STREET ADDRESS	APTARTAD						VODRESS						
CITY-ST-ZIP	6154616 4444 4 4545												
TITLE	SD	TOTTO, VEHICLOLD	·	DELETE	3.4. CITY - 4.1 TITLE	31	-111			☐ Ch	anne I	Addition	
NAME	RADEL, ELI	I VM D			4. 2 NAME								
STREET ADDRESS	933 PARK				4.3 STREE		IDDDEEC						
CITY-ST-ZIP	NEW YORK												
TITLE	_ 14247 1078	1111		DELETE	4.4 CITY- 5.1 TITLE	31	- 211		.	☐ Ch	anne	Addition	
NAME					5.2 NAME						agc (
							annorce .						
STREET ADDRESS					5.3 STREE		1						
CITY-ST-ZIP TITLE			_	DELETE	5.4 CITY- 6.1 TITLE	<u>51</u>	- LIP			Chi	ange	Addition	
NAME				La Deterie	6.2 NAME						ango [FROM STI	
1							Doores						
STREET ADORESS					6.3 STREE								
CITY-ST-ZIP	ertify that the In	formation supplied with	this filing do	ses not qualify f	6.4 CITY-			Section 119.07(3)(i), Florida Statu	ites I further	sartify the	at the in	formation	
indicated	on this annual r	eport or supplemental:	annual report	is true and acc	curate and th	ıai	t my signature	e shall have the same legal effec	t as if made L	ınder oat	th; that I	lam an i	
Officer or C Block 12 o	pirector of the ci or Block 13 if ch	orporation or the receivenged, or on an attach	ver or trustee Iment with an	empowered to address.	execute this	T.E	port as requ	ired by Chapter 617, Florida Stat	utes; and that	my nam	е арре	ars in	