FILE NOW: FILING FEE IS \$61.25

Mailing Address

460 WORTH AVE. PALM BEACH FL 33480

NONPROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business

480 WORTH AVE. PALM BEACH FL 33480

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N95000004157 (2) DOCUMENT #

THE MYERS FAMILY FOUNDATION, INC.

LILED						
Feb 03	1998	8:00am				
Secret	ary o	of State				

Applied For

Not Applicable

3. Date Incorporated or Qualified 08/30/1995

65-0608294

4. FEI Number

	· · · · · · · · · · · · · · · · · · ·					40 0000201	
⊢ '	lace of Business	2a. Mailing Address				5. Certificate of Status Desired S8.75 Additional	
Suite, Apt.	# etc.	Suite, Apt. #, etc.				Fee Required	
22	n, 0.0,	27				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State	9	City & State				7. Is this nonprofit corporation a homeowners association?	
23		28				☐ Yes 🔄 No	
Zip Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. L. Yes No	
	9. Name and Address of Curre	nt Registered Agent			NI	10. Name and Address of New Registered Agent	
]	81	Name		
MYERS, STEPHEN E		ļ.	82 Street Address (P.O. Box Number is Not Acceptable)				
460 WORTH AVE.		Į.	83				
PALM BI	EACH FL 33480		1	63			
			1	84	City	85 Zip Code	
		· · · · · · · · · · · · · · · · · · ·				FL The second	
11. Pursuant	to the provisions of Sections 617.050 eaistered agent, or both, in the State	J2 and 617.1508, Florida Statute e of Florida. Such change was a	es, the about the substitution in the substitution is a substitution of the substitution in the substitution is a substitution of the substitution is a substitution of the substitution is a substitution of the substitution of	ove bv	-named corp the corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 617.0503, Flo	rida Statu	ites.		· · · · · · · · · · · · · · · · · · ·	
SIGNATURE _							
12.	Signature, typed or printed name of registered ag	ent and little if applicable. (NOTE ID DIRECTORS	Registered	Agen	it signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D OFFICERS AN	DELETE DELETE	1.1 TITL	_		Change Addition	
NAME	Myers, Stephen e		1.2 NAM				
· · · · · · · · · · · · · · · · · · ·	460 WORTH AVE.				DODECC		
STREET ADDRESS	PALM BEACH FL 33480		1		ADDRESS		
CITY-ST-ZIP TITLE	D DEACHTE 33483	☐ DELETE	1.4 CIT		*ZIP	Change Addition	
NAME	MYERS, STEPHEN E JR.		2.1 HSL		-	Critings radicon	
STREET ADDRESS	21 CLIFFORD DR.				ADDRESS		
CITY-ST-ZIP	PARK RIDGE NJ 07656		2. 4 CIT				
TITLE	D	DELETE	3.1 TITL	_	1-211	☐ Change ☐ Addition	
NAME	LIPKIND, WILLIAM D		3.2 NAM			,	
STREET ADORESS	80 MAIN ST.		1		VODRESS		
CITY-ST-ZIP	WEST ORANGE NJ 07052		3,4, CIT		·		
TITLE		DELETE	4,1 TITI	_		☐ Change ☐ Addition	
NAME			4. 2 NAI	ME			
STREET ADDRESS			4.3 STR	EET A	LODRESS .		
CITY-ST-ZIP			4.4 CITS	r-st	-ZIP		
TITLE		DELETE	5.1 TITL			Change Addition	
NAME			5.2 NAM	Æ	1		
STREET ADORESS			5.3 STR	EET A	DDRESS		
CITY-ST-ZIP			5.4 CITY	r-st	- ZIP		
TITLE		DELETE	6.1 TITL	_		☐ Change ☐ Addition	
NAME			6.2 NAM	AE)	1		
STREET ADDRESS			6.3 SXA	EET A	ODRESS		
CITY-ST-ZIP			8.4 CITY	/- ST-	-ZIP		
14. I hereby o	ertify that the information supplied w	rith this filing does not qualify for	r the exen	npti	on stated in t	Section 119.07(3)(i), Florida Statutes. I further certify that the information as shall have the same ledal effect as if made under path; that I am an	
officer or o	director of the corporation or the rego	siver or trustee empowered to e	execute thi	is re	eport as requ	ired by Chapter 617, Florida Statutes; and that my name appears in	
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 supplementar 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 repeiver or further 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.							