FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

14. I do hereby certify that the information indicated on the lam an officer or director appears in Block 12 or Block.

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 N95000006025 (9) DOCUMENT # 1. Corporation Name

HOLLANDER BROTHERS FOUNDATION, INC.

Principal Pla	ace of Business	Mailing Address					
3109 STIRLIN	G ROAD	3109 STIRLING ROAD					
SUITE 200	N.F. 61 60446	SUITE 200	0 ecto				
FT.LAUDERDALE FL 33112		FT.LAUDERDALE FL 33312-6558		3. Date Incorporated or Qualified 12/22/1995	3a. Date of Last R 04/29/19		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Ac	plied For
21		26		65-0632111	 	t Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.			_ ¢0.75		
22		27		5. Certificate of Status Desired	Fee Re		
City & State		City & State			6. Election Campaign Financing	\$5.00	May Ro
23		28			Trust Fund Contribution	Added	
Zip	Country	Zip	Country	1	8. This corporation has liability for i	·	
24	25	29	30			Yes No	. 133.032,
[24]	9. Name and Address of Curre		130		10. Name and Address of New Re		
	0. 1		81	Name			
110114	LIDED WALTED I				· · · · · · · · · · · · · · · · · · ·		
	NDER, WALTER J		82 Street Ad		fress (P.O. Box Number is Not Acceptab	ole)	
	STIRLING ROAD		83				
SUITE			83		·		
FT. LAUDERDALE FL 33112			84	City		85 Zip	Code
11 Pursuar	of to the provisions of Sections 617.05	02 and 617 1508. Florida Statu	ites the abov	e-named cor	poration submits this statement for the p	urpose of changing if	s registered
office or	r registered agent, or both, in the Stat am familiar with, and accept the obli	e of Florida. Such change was	authorized b	the corpora	ition's board of directors. I hereby accep	ot the appointment as	registered
SIGNATURE	<u>-</u>						
	Signature, typed or printed name of registered a			ent signature requ	vired when reinstaling)	DATE	
12.		ND DIRECTORS	13.	γ	ADDITIONS/CHANGES TO OFFIC		
THLE	D	☐ DELETE	1.1 TITLE			Change	Addition
NAME	HOLLANDER, WALTER J		1.2 NAME				
STREET ADDRESS	s 3109 STIRLING RD., SUITE :	200	1.3 STREE	ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33112		1.4 DiTY-1	ST-ZIP	•		
TITLE	D	☐ DELETE	21 TITLE	1		Change	Addition
NAME	HOLLANDER, DAVID G		22 NAME				
STREET ADDRESS	ALAS ATIBULIA ON AUSTE	200	23 STREE	ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33112		2.4 CITY-				
TITLE	D	DELETE	3.1 TITLE	V: FH		Change	Addition
NAME	ABRAHAM, RONALD D		3.2 NAME	1			
	AAAA ARIDI MAA AA ALIITE B 444			I ADDRESS			
STREET ADDRESS	FT. LAUDERDALE FL 33312						
CITY-ST-ZIP	FI. LAUDENDALE FL 33312	DELETE	3.4. CITY-	51-ZIP		Change	Addition
TITLE		□ otrete	4.1 TITLE			L Unange	TTI VOORION
NAME			4. 2 NAME				
STREET ADDRESS	is			F ADDRESS			
CITY-ST-ZIP			4.4 CITY -	ST-ZIP	<u> </u>		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRES	ss		5.3 STREE	ADDRESS			
CiTY - ST - ZIP			5.4 CITY-				
TOTLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRES	22			T ADDRESS			
T CHARLINGUMES	rue a		= 0.0 BINCL				

6.4 CITY-ST-ZIP

toes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the half report is true and accurate and that my signature shall have the same legal effect as if made under oath; that rustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name that with an address.