

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90138 026 ****61.25

0043743

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N96000000135

1. Corporation Name
~~BENJAMIN BILDNER FOUNDATION, INC.~~ FILED ON DEC. 10, 1999
THE ALBERT AND LIN BILDNER FOUNDATION, INC.

Principal Place of Business: 1515 N. FEDERAL HWY. SUITE #418 BOCA RATON FL 33432
Mailing Address: 1515 N. FEDERAL HWY. SUITE #418 BOCA RATON FL 33432



2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields. Includes sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified (01/08/1996), 4. FEI Number (65-0633272), 5. Certificate of Status Desired (\$8.75 Additional Fee Required), 6. Election Campaign Financing Trust Fund Contribution (\$5.00 May Be Added to Fees)

9. Name and Address of Current Registered Agent: DONOHUE, MARY SUE, 1515 N. FEDERAL HWY, #418, BOCA RATON FL 33432

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include DS BILDNER, ALBERT; DP BILDNER, ERILINDA I; D ILUSORIO, ANGELA.

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: _____ SIGNATURE REQUIRED ERILINDA I. BILDNER Date 1-10-99 561-368-5226 Daytime Phone #

CR2E037 (1/98)