

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000697 (0)**

1. Corporation Name

**SCIENCE AND TECHNOLOGY ADVISORY GROUP FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**6489 VIA BENITA  
BOCA RATON FL 33433**

**6489 VIA BENITA  
BOCA RATON FL 33433-4510**



3. Date Incorporated or Qualified  
**02/09/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

4. FEI Number

**65-0639368**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPECTOR, ANDREW R ESQUIRE  
44 WEST FLAGLER STREET  
14TH FLOOR COURTHOUSE TOWER  
MIAMI FL 33130**

81 Name

**LAWRENCE SUNSHINE**

82 Street Address (P.O. Box Number is Not Acceptable)

**19890 STOCKHOLM DRIVE**

83

84 City

**BOCA RATON**

FL

85 Zip Code

**33434**

11. Pursuant to the provisions of Sections 617.0702 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

*[Signature]*

**3/19/97**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>MARVIN PITKIN</b>	
STREET ADDRESS	<b>6489 VIA BENITA</b>	
CITY-ST-ZIP	<b>BOCA RATON, FLORIDA 33433</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> DELETE
NAME	<b>HAROLD LARKIN</b>	
STREET ADDRESS	<b>1400 SO. OCEAN BLVD #N1405</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL. 33432</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DIRECTOR (D)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>LAWRENCE SUNSHINE</b>	
1.3 STREET ADDRESS	<b>19890 STOCKHOLM DRIVE</b>	
1.4 CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>	
2.1 TITLE	<b>DIRECTOR (D)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DAVID SHORE</b>	
2.3 STREET ADDRESS	<b>11145 BOCA WOODS LANE</b>	
2.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33428</b>	
3.1 TITLE	<b>DIRECTOR (D)</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SAUL GORDON</b>	
3.3 STREET ADDRESS	<b>6481 VIA ROSA</b>	
3.4 CITY-ST-ZIP	<b>BOCA RATON 33433</b>	
4.1 TITLE	<b>DIRECTOR (D)</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>LEONARD SPITZ</b>	
4.3 STREET ADDRESS	<b>2121 N. OCEAN BLVD 1705E</b>	
4.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>	
5.1 TITLE	<b>DIRECTOR (D)</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>SYDNEY G. SALUS</b>	
5.3 STREET ADDRESS	<b>1155 RTE A1A #107</b>	
5.4 CITY-ST-ZIP	<b>HILLSBORO BEACH, FL 33062</b>	
6.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>DANIEL REIDER</b>	
6.3 STREET ADDRESS	<b>6504 VIA ROSA</b>	
6.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>	

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: **MARVIN PITKIN** **3/19/97** *Marvin Pitkin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **338-9194**

0042103

CR2E037 (9/96)