


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

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

2. Principal Place of Business

2a. Mailing Address

21 **11254 Boca Woods Lane**

26 **11254 Boca Woods Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Boca Raton FL**

28 **Boca Raton FL**

24 Zip

25 Country

29 Zip

30 Country

33428

Palm Beach

33428

Palm Beach

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/09/1996

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No **N/A**

10. Name and Address of New Registered Agent

SUNSHINE, LAWRENCE
19890 STOCKHOLM DRIVE
BOCA RATON FL 33434

81 Name

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

83

84 City

FL

85

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. 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]

3/3/98

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D. SUNSHINE, LAWRENCE**
STREET ADDRESS **19890 STOCKHOLM DRIVE**
CITY - ST - ZIP **BOCA RATON FL 33428-6302**

TITLE ☐ DELETE

NAME **D. SHORE, DAVID**
STREET ADDRESS **11145 BOCAWOODS LANE**
CITY - ST - ZIP **BOCA RATON FL 33428**

TITLE ☐ DELETE

NAME **D. GORDON, SAUL**
STREET ADDRESS **3481 VIA ROSA**
CITY - ST - ZIP **BOCA RATON FL 33433**

TITLE ☒ DELETE

NAME **D. SPITZ, LEONARD**
STREET ADDRESS **2121 N OCEAN BLVD., 1705E**
CITY - ST - ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **D. SALUS SYDNEY G.**
STREET ADDRESS **1155 RTE A1A, #107**
CITY - ST - ZIP **HILLSBORO BEACH FL 33062**

TITLE ☐ DELETE

NAME **D. REIDER, DANIEL**
STREET ADDRESS **6504 VIA ROSA**
CITY - ST - ZIP **BOCA RATON FL 33433**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **PRESIDENT MARVIN PITKIN**
1.3 STREET ADDRESS **11254 Boca Woods Lane**
1.4 CITY - ST - ZIP **BOCA RATON FL 33428**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D. ROBERT BOOKZINDER**
2.3 STREET ADDRESS **3050 PALMAREE, BLVD 8, # N310**
2.4 CITY - ST - ZIP **POMPANO BEACH FL 33069**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **PAUL GENDLER**
3.3 STREET ADDRESS **17818 DEANVILLE LANE**
3.4 CITY - ST - ZIP **BOCA RATON FL 33496**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **CHAIRMAN HAROLD LARKIN**
4.3 STREET ADDRESS **1400 SO. OCEAN BLVD # N 1405**
4.4 CITY - ST - ZIP **BOCA RATON FL 33432**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **JACK H. DORFMAN**
5.3 STREET ADDRESS **6478 VIA ROSA**
5.4 CITY - ST - ZIP **BOCA RATON FL 33433**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **ROBERT S. KAHN**
6.3 STREET ADDRESS **1200 S OCEAN BLVD APT 15H**
6.4 CITY - ST - ZIP **BOCA RATON FL 33432**

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.

SIGNATURE:

[Signature] MARVIN PITKIN, PRESIDENT

1/26/98 (561) 428-3699 (621) 334-9194

CR2E037 (1097)