SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 NOTICE: 0/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham,

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name

N96000005456 (6)

THE LINDA AND LEONARD SCHNURMACHER FOUNDATION, I

FILED 97 OCT -3 AM 9: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA



NC.						38 771 88 774 88 781 8 777 8 778 8 778 8 777 8 77
Principal Plac	ce of Business	Mailing Address			-	<u> </u>
4370 CASPER CT. 4370 CASPER CT.						
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	3a. Date of Last Report
					10/24/1996	Date of East Heport
	Place of Business	2a. Mailing Address		1 < 1	4. FEI Number	Applied For
<u> </u>	O Washington St.	26 3950 W	<u>úshi rq</u>	<u>hn 5t.</u>		Not Applicable
Suite Apt.	# stc.	Suite, Apt. #, etc.	J	·	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & Stell	Lywood, FL	28 Hollywon		<u>.</u>	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
2 Zip 330	Country	Zin 2011	Countr		8. This corporation owes or has pe	
24 350	· \ so I \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Pagistared Agent	30 0	10Ward	Personal Property Tax due June	
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name						
DEBECC	A H EICCHED DA		Ľ	Itanio		
REBECCA H. FISCHER, P.A. 4651 SHERIDAN ST., STE. 325 HOLLYWOOD FL 33021 62 Street				Street Addr	ddress (P.O. Box Number is Not Acceptable)	
11022111	OOD 1 E 03021					
			84	1,		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, 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required with						DATE
12. TITLE	D OFFICERS AND	DELETE	13.	10	ADDITIONS/CHANGES TO OFFIC	
NAME	SCHNURMACHER, LEONARD M		1.1 TITLE 1.2 NAME	D	annuma a chara Legaca	Change Addition
STREET ADDRESS	4370 CASPER CT.			TADDRESS 39	nnumacher, Leonau 550 Washington Str	11th #112
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CiTY-	et. 710	Mywood, A 330	7-1
TITLE	D	DELETE	2.1 TITLE	Si*EK INC	114 M 20 00 0	Change Addition
NAME	SCHNURMACHER, LINDA G		2.2 NAME			
STREET ADDRESS	4370 CASPER CT.	·	2.3 STREE	T ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		2. 4 CITY-			
TITLE	D	DELETE	3.1 TITLE			Changeition
NAME	BLECHER, JILL		3.2 NAME			(LACK) 1
STREET ADDRESS	240 E. 27TH ST., #5F		3.3 STREE	ADDRESS		(i 75/2
CITY-ST-ZIP	NEW YORK NY 10016		3.4. CITY-	ST-ZIP		
TITLE		☐ DELET e	4.1 TITLE	D	rector	Change 🔀 Addition
NAME			4. 2 NAME	R	obert Schnurma	cher _
STREET ADDRESS				ADDRESS 24	or west 77% St	, 4F 4 B
CITY-ST-ZIP		DELETE	4.4 CITY-5	ST- ZIP	Jew York NY 1	0024
TITLE		☐ DELETE	5.1 TITLE	Di	rector C-1	☐ Change ► Addition
NAME Street address			5.2 NAME	[]	effrey Schnurm	
			5.3 STREET	-	of west the st-	# 3F
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-S 6.1 TITLE	51-219	JOHN NY	Change Addition
NAME		€ percit	6.2 NAME			Change L. Audition
STREET ADDRESS			6.3 STREET	ADDRESS		61 a5
CITY-ST-ZIP			6.4 CITY - S			Deo
	ov certify that the information supplied v	with this filing does not qualif			in Section 119 07(3)(i) Florida Statutor	a. I further cortifu 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 of trustee expowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter of the corporation or the receiver of trustee expowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter of the corporation of the