

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 30 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005456 (6)
 1. Corporation Name
THE LEONARD SCHNURMACHER FOUNDATION, INC.



Principal Place of Business 3850 WASHINGTON STREET #112 HOLLYWOOD FL 33021	Mailing Address 3850 WASHINGTON STREET #112 HOLLYWOOD FL 33021
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3. Date Incorporated or Qualified 10/24/1996	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable

21. Principal Place of Business 12280 N.W. 4th Street	2a. Mailing Address 12280 NW 4th Street		
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.		
23. City & State Plantation Florida	28. City & State Plantation, FL		
24. Zip 33325-2424	25. Country USA	29. Zip 33325-2424	30. Country USA

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
REBECCA H. FISCHER, P.A.
4851 SHERIDAN ST., STE. 325
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHNURMACHER, LEONARD M	
STREET ADDRESS	3850 WASHINGTON STREET, #112	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLECHER, JILL	
STREET ADDRESS	240 E. 27TH ST., #5F	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHNURMACHER, ROBERT	
STREET ADDRESS	201 WEST 77TH STREET, #4B	
CITY-ST-ZIP	NEW YORK NY 10024	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHNURMACKER, JEFFREY	
STREET ADDRESS	201 WEST 77TH STREET, #3F	
CITY-ST-ZIP	NEW YORK NY 10024	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHNURMACHER, LEONARD M	
1.3 STREET ADDRESS	12280 N.W. 4th St.	
1.4 CITY-ST-ZIP	PLANTATION FL 33325-2424	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BLECHER, JILL P.	
2.3 STREET ADDRESS	201 E. 36 ST. #4A	
2.4 CITY-ST-ZIP	NEW YORK NY 10016	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SCHNURMACHER, ROBERT M.	
3.3 STREET ADDRESS	120 E. 34th St, #9D	
3.4 CITY-ST-ZIP	NEW YORK NY 10016	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SCHNURMACHER, JEFFREY S	
4.3 STREET ADDRESS	201 W 77th St #4B	
4.4 CITY-ST-ZIP	NEW YORK, NY 10024	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SCHNURMACHER, JEANNETTE	
5.3 STREET ADDRESS	12280 NW 4th St.	
5.4 CITY-ST-ZIP	PLANTATION FL 33325-2424	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:  **LEONARD SCHNURMACHER** 7/18/98 954 472 7200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)