FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



• FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| THE BESSE & LOUIS M. BLEZNAK FOUNDATION, INC. | | | | | | | | |
|---|---------------------------------|--------------------|------------------------------|---------|--|--|------------------------------|-------------------------|
| Principal Place of Business Mailing Address | | | | | 1 18911191 919 19113 19911 9811] 8 | 9411 98 88 } | 98/11 98/11 1 98/1 11 | 1421 11 81 (88) |
| 980 N. OCEAN BLVD 980 N. OCEAN (PALM BEACH FL | | | | - | Date incorporated or Qualified | | | |
| | | | | | <u>65-073206</u> | <u>- </u> | No | t Applicable |
| 2. Principal Place of Business 2a. Mailing Address 26 | | | | | 5. Certificate of Status Desired | | \$8.75 A | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 6. Election Campaign Financin | | \$5.00 h | Viay Be |
| 22 | | | | | Trust Fund Contribution | a homeown | Added to | |
| 23 28 | | | | | 7. Is this nonprofit corporation a homeowners association? Yes No | | | |
| Zip Country Zip | | Country | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | | |
| 9. Name and Address of Current R | | <u> </u> | | <u></u> | 10. Name and Address of Nev | | | |
| | | 81 | Name |) | | | | |
| BLEZNAK, ALAN D 960 OCEAN BLVD. PALM BEACH FL 33480 | | 82 | Ĺ | Address | s (P.O. Box Number is Not Acce | ptable) | | |
| PALM DEALTH FL 33400 | | | | | | | | |
| | | 84 | City | | | F | L 85 Zip (| Code |
| Pursuant to the provisions of Sections 617,0502 at office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE Signature, typed or printed name of registered agent are | ns of, Section 617.0503, Florid | da Statute | S. | | 's board of directors, I hereby a | DATE | opointment as | registered |
| 12. OFFICERS AND DIRECTORS | | 13. | | | ADDITIONS/CHANGES TO O | FFICERS A | | |
| TITLE PRESIDENT + DIRECT | TOR DELETE | 1.1 TITLE | | 1 | | | Change | |
| MAME ALAN D BLEZNAK | | 1.2 NAME | | j | | | | |
| STREET ADDRESS 960 OCE AN BLYD. | | 1.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP PALM BEACH FL 33480 TITLE VICE PRESIDENT 1 DIRECTOR DELETE | | | 1.4 CITY-ST-ZIP 2.1 TITLE | | | | Change | Addition |
| NAME PATRICIA B. SILVERSTEIN | | 2.2 NAME | | } | | | change | Addition |
| STREET ADDRESS 895 PARK AVE. APT 9-C | | 2.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP NEW YORK NY | 10021 | 2. 4 CITY- | ST-ZIP | | - | ه. | - | |
| MILE VICE PRES., SECRETARY + SIELETOR | | 3.1 TITLE | | | | | Change | ☐ Addition |
| NAME DANIEL M. BLEZNAK | _ | 3.2 NAME | | 1 | | | | |
| THEET ADDRESS 501 MULBERRY CANE | | 3.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP HAVERFORD PA | IP HAVERFORD PA 1904 | | 3.4. CITY-ST-ZIP | | | | Change | Addition |
| TREASURER + DIRE | WILLIAM S. FWLAYSON, THE | | 4.1 TITLE 4.2 NAME | | | | i™ ∩issiñe | <u> </u> |
| NAME WILLIAM S. FWLAY: | 501") HE | | T ADDRESS | | | | | |
| STREET ADDRESS \$ 105 N. PARK DR | nc.09-4401-4 | | | 1 | | | | |
| | DENNISAVKEN NO 08109-4664 | | 4.4 City-St-ZIP 5.1 Title | | | | Change | Addition |
| NAME DIRECTOR H. B.C. | N(A J | 5.2 NAME | | 1 | | | | |
| NAME KATHLEN H. BLEZ STREET ADDRESS 960 OCEAN BLVD. | (3)1 ~ | , | T ADDRESS | 1 | | | | |
| CITY-SI-ZIP BALM BEACH FL | 33480 | 5.4 CITY-5 | | | | | | |
| TITLE | DELETE | 6.1 TITLE | | 1 | | | Change | Addition |
| NAME | | 6.2 NAME | | | | | | |
| STREET ADDRESS | | 6.3 STREET | T ADDRESS | 1 | | | | |

14. 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 officer or director of the corporation or the receiver of 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 officer or director of the corporation of the corporati

6.4 CiTY-ST-ZiP

SIGNATURE:

FILED

Jul 30 1998 8:00am

Secretary of State

The Besse & Louis M. Bleznak Foundation, Inc. 1998 Nonprofit Corporation Annual Report EIN: 65-0732061

Line 12:

a. Names, addresses titles of officers and directors:

Alan D. Bleznak, 960 Ocean Boulevard, Palm Beach, FL 33480 President & Director

Patricia B. Silverstein, 895 Park Avenue, Apt. 9-C, New York, NY 10021 Vice President & Director

Daniel M. Bleznak, 501 Mulberry Lane, Haverford, PA 19041 Vice President, Secretary & Director

William S. Finlayson, III, 5105 North Park Drive, Pennsauken, NJ 08109-4664 Treasurer & Director

Kathleen H. Bleznak, 960 Ocean Boulevard, Palm Beach, FL 33480 Director

3000 Two Logan Square Eighteenth and Arch Streets Philadelphia, PA 19103-2799 215.981.4000 Fax 215.981.4750

215.981.4377 leonem@pepperlaw.com

May 15, 1998

Certified Mail -Return Receipt Requested

Annual Reports Filings Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re:

The Besse & Louis M. Bleznak Foundation, Inc.

EIN: 65-0732061

Dear Sir or Madam:

On behalf of the officers of the above-referenced private foundation, enclosed for filing please find the 1998 Florida Nonprofit Corporation Annual Report and remittance in the amount of \$61.25 for the required filing fee.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Michael C. Leone

Tax Accountant

Enclosure

cc:

Alan D. Bleznak

Bennett L. Aaron, Esquire

PHLEGAL: #505711 v1 (@%7J011.WPD) 111095-1

Washington, D.C.

Detroit, Michigan

New York, New York

Pittsburgh, Pennsylvania