


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90029 013 ****62.25

DOCUMENT # N97000005814 1. Entity Name THE MILTON AND RONNIE SHEFTEL FOUNDATION, INC.	
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Principal Place of Business C/O WIENER AND WIENER LLP 1655 PALM BEACH LAKES BLVD STE 900 WEST PALM BEACH, FL 33401	Mailing Address C/O WIENER AND WIENER LLP 1655 PALM BEACH LAKES BLVD STE 900 WEST PALM BEACH, FL 33401
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07262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0790710	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WIENER, STEPHEN W 1655 PALM BEACH LAKES BLVD STE 900 WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEFTEL, MILTON S 227 N MAIN ST ALLENTOWN, PA 18104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEFTEL, RONNIE L 227 N MAIN ST ALLENTOWN, PA 18104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOBIONKO, MARK H 1816 WOODS HOLLOW LANE ALLENTOWN, PA 18103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **8/12/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #