

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004747

1. Corporation Name

THE PAUL ABRAMS ENDOWMENT PROJECT, INC.

Principal Place of Business

2587 NORTHEAST 182ND TERRACE
NORTH MIAMI BEACH FL 33180

Mailing Address

2587 NORTHEAST 182ND TERRACE
NORTH MIAMI BEACH FL 33180

FILED

99 NOV -8 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/18/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0857633	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BALOG, ANDREW E C/O GREENBERG TRAUIG, P.A. 1221 BRICKELL AVENUE MIAMI FL 33131				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, 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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Jan Scher <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Ife Williams <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	500 Lakeside Circle	1.2 NAME	3251 S. Miami Ave.
STREET ADDRESS	SUNRISE, FL 33326	1.3 STREET ADDRESS	Miami, FL 33129
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	JON FINKEL <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Stacey Merren <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.O. Box 1161	2.2 NAME	840 Wren Ave.
STREET ADDRESS	HALLANDALE, FL 33008-1161	2.3 STREET ADDRESS	Miami Springs, FL 33166
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STAN <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	DR. MARILYN COHEN	3.2 NAME	300003051053-8
STREET ADDRESS	1080 93rd St Apt. 15	3.3 STREET ADDRESS	-11/22/99--01095--002
CITY-ST-ZIP	Bay Harbor, FL 33154	3.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	STAN SOLOW <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	2580 N.E. 183 St.	4.2 NAME	
STREET ADDRESS	N. Miami Beach, FL 33160	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LS
TITLE	D Gale Kofsky <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	2587 N.E. 182 Terr.	5.2 NAME	
STREET ADDRESS	N. Miami Beach, FL 33160	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Gale Kofsky, President 10/13/99 305-687-6565

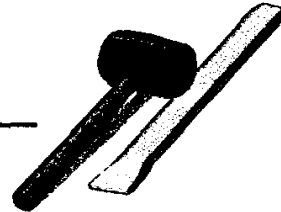
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (11/98)

PAUL ABRAMS ENDOWMENT PROJECT, INC.
2587 N.E. 182nd Terrace
North Miami Beach, Florida 33160



October 12, 1999

Florida Department of State
Annual Reports Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

To Whom it May Concern,

There is no excuse for me not meeting the deadline for filing the **1999 - Nonprofit Corporation Annual Report** due on September 15, 1999. I had the due date written on my calendar, however since April 1999, I've become the primary care giver for my 74 year-old mother. She has been very ill and consequently hospitalized/gone to the emergency room at least 10 times in the last six months.

As I put the finishing details on my 1023, 990, and annual report, you have my word this situation will not happen again. Please take into account that this my first filing. Keeping the forms straight is a challenge. This is especially true since my expertise is in the area of grant/research writing.

Therefore, I kindly request that my check for \$61.25 be accepted.. If additional information is needed, please contact me at: (305) 932-2314 -home, (305) 687-6565.

Again, thank you for your understanding and patience from a non-math person.

Sincerely,

Dr. Gale Kofsky, President
Paul Abrams Endowment Project

cc: Andrew Balog, Attorney-at-Law
Robert Weiner, CPA