## 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 # P25421**

1. Corporation Name

ISRAEL CANCER RESEARCH FUND INC.

Principal Place of Business

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

26

1290 AVENUE OF THE AMERICAS NEW YORK NY 10104

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## FILED May 06, 1999 8:00 am § Secretary of State

05-06-1999 90256 030 \*\*\*\*70.00



Date Incorporated or Qualifed 07/26/1989

Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				4. FEI Number			App	lied For		
22		27				51-0181215			Not	Applicable		
City & State	9	City & State	City & State			5. Certifcate of Status Desire	ed 🔀	\$8.75 Additional Fee Required				
Zip	Country	Zip	Cour	intry		Election Campaign Finance     Trust Fund Contribution	cing [	]	\$5.00 a			
4	25 25 25 25 25 25 25 25 25 25 25 25 25 2	29 Secretary Agent	1301			10. Name and Address of N	ew Reg	istered Ag		7.000		
	9. Name and Address of Current	Keğisteren Ağent		81	Name	TO MAIN AND THE PROPERTY OF TH				-		
AFLER AIRLEY												
GELLER, SIDNEY				82 Street Address (P.O. Box Number is Not Acceptable)								
THE ISLE AT MISSION BAY 10810 SANTA ROSA DR. BOCA RATON FL 33498					83							
					City		•	FL	85 Zip C			
office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such change was .	authorized	DV III	named corpor ne corporation	ration submits this statement for 's board of directors. I hereby	r the pur accept th	pose of ch e appointn	anging its nent as reg	registered jistered		
SIGNATURE						de la constantina de		DATE				
12.	Signature, typed or printed name of registered agent OFFICERS AND		E: Registered	Agent s	signature required v	when reinstating) ADDITIONS/CHANGES TO			DIRECTO	RS IN 12		
TITLE	PD OFFICERS AND	DELETE	1.1 TIV	16		4			Change	Addition		
1				12 NAME				_		1		
NAME				1.3 STREET ADDRESS								
STREET ADDRESS				14 CITY-ST-ZIP						}		
CITY-ST-ZIP	NEW YORK CITY NY  U DELETE					TUNE /			Change	☐ Addition		
TITLE	_			2.1 TITLE L								
NAME	RATNER, LYNN			,		1				İ		
STREET ADDRESS	12 EAST 86TH STREET				DONESS	<b>,</b>						
CITY-ST-ZIP				TY-ST-	ZIP				Change	Addition		
TITLE	_			LE				L	_i Onlange			
NAME	BRAUSE, LOUIS											
STREET ADDRESS				REETA	UDDRESS							
CITY-ST-ZIP				TY-\$T-	ZIP				7.05	Addition		
TITLE	S □ DELETE			LE				į	Change	L. Addition		
NAME	POBINER, HERBERT		4. 2 NA	ME								
STREET ADDRESS	535 EAST 86TH ST.		4.3 ST	REETA	DORESS							
CITY-ST-ZIP				Y-ST-	ZIP			<del></del>	70	Addition		
TITLE	T DELETE			LE				l	] Change	☐ Addition		
NAME	GROSSMANN, EDWARD A		5.2 NA							ł		
STREET ADDRESS	LAMBS LANE		5.3 ST	REETA	ODRESS							
CITY-ST-ZIP	O1E0011E 110			Y-ST-	ZIP							
TITLE	C	☐ DELETE	6.1 TIT	LE					] Change	☐ Addition		
NAME	FRIEDMAN, S. DONALD		6.2 NA	ME								
STREET ADDRESS	1165 FIFTH AVE.		6.3 ST	REETA	ADDRESS					)		
CITY-ST-ZIP	NEW YORK NY			TY-ST-								
14. I hereby o	certify that the information supplied with	this filing does not qualify f	or the exer	mptio	n stated in Se	ection 119.07(3)(i), Florida State	utes. I fu	rther certify	that the in	formation		

indicated on this annual report or supplemental annual report officer or director of the corporation or the receiver or trustee Block 12 or Block 13 if changed, of on an attachment with an lemental 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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in attachment with an address, with all other like empowered.