

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$156 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P30891 (6)

JUN 30 AM 9:03

1. Corporation Name
PHILIP ZINMAN FOUNDATION, INCORPORATED

Principal Place of Business Mailing Address
1200 S OCEAN BLVD #14A 1200 S OCEAN BLVD #14A
BOCA RATON FL 33432 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/28/1990	3a. Date of Last Report 02/08/1994
4. FEI Number 21-6015665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing/Trust Funding Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for information tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 21474 LINWOOD CT	2a. Mailing Address 28 21474 LINWOOD CT
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23 BOCA RATON FL	City & State 28 BOCA RATON FL
Zip 24 33433	Country 29 33433

9. Name and Address of Current Registered Agent
**ZINMAN ELIZABETH S
1200 S OCEAN BLVD #14A
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name ZINMAN ELIZABETH S.
82 Street Address (P.O. Box Number is Not Acceptable) 21474 LINWOOD CT.
83
84 City BOCA RATON
85 Zip Code FL 33433

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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PTD ZINMAN, ELIZABETH S 1200 S. OCEAN BL., #14A BOCA RATON FL	<i>Joseph Zinman</i> 19 Coventry Circle E MARLTON, N.J. 08053	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	ZINMAN ELIZABETH S. 21474 LINWOOD CT BOCA RATON FL 33433
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SD FREEMAN, YALE T 7900 RED RD 9-S MIAMI FL	<i>D Sally Zinman</i> 1920 Carlton St Berkeley, CA 94703	15 TITLE 16 NAME 17 STREET ADDRESS 18 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D BAER, JAMES 7600 NW 82ND TERR PARKLAND FL	<i>D Anthony Schweigart</i> 32 Cloyd Rd Bala Cynwyd, Pa 19004	19 TITLE 20 NAME 21 STREET ADDRESS 22 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D NALENCZ, LEONARD P. 1200 FOUR PENN CNTR PLZ PHILADELPHIA PA		23 TITLE 24 NAME 25 STREET ADDRESS 26 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D ALLOY, MARVIN D. 900 KINGS HIGHWAY NORTH CHERRY HILL NJ		27 TITLE 28 NAME 29 STREET ADDRESS 30 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D BROOKS, ANNE Z 69 BANK ST NEW YORK NY		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), 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 appointment with an address.

SIGNATURE: *Elizabeth S. Zinman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/95 407-488-0595

CR2E037 (3/95)