

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P30891 (6)

1. Corporation Name
PHILIP ZINMAN FOUNDATION, INCORPORATED



Principal Place of Business Mailing Address
21474 LINWOOD CT BOCA RATON FL 33433 US

3. Date Incorporated or Qualified **08/28/1990** 3a. Date of Last Report **06/30/1995**

2. Principal Place of Business 2a. Mailing Address
21 **21474 LINWOOD CT** 26 **21474 LINWOOD CT.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **BOCA RATON, FL** 28 **BOCA RATON, FL**
Zip Country Zip Country
24 **33433** 25 **USA** 29 **33433** 30 **USA**

4. FEI Number **21-6015665** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZINMAN ELIZABETH S
21474 LINWOOD CT
BOCA RATON FL 33433**

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 *Elizabeth S. Zinman Pres.* 2/13/93
Signature of officer or director (print name of registered agent, if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ZINMAN, ELIZABETH S	
STREET ADDRESS	21474 LINWOOD CT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FREEMAN, YALE T	
STREET ADDRESS	7900 RED RD 9-S	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAER, JAMES	
STREET ADDRESS	7600 NW 82ND TERR	
CITY-ST-ZIP	PARKLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NALENCZ, LEONARD P.	
STREET ADDRESS	1200 FOUR PENN CNTR PLZ	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLOY, MARVIN D.	
STREET ADDRESS	900 KINGS HIGHWAY NORTH	
CITY-ST-ZIP	CHERRY HILL NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROOKS, ANNE Z	
STREET ADDRESS	69 BANK ST	
CITY-ST-ZIP	NEW YORK NY	

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	JOSEPH ZINMAN	
13 STREET ADDRESS	17 COVENTRY CIRCLE E.	
14 CITY-ST-ZIP	MARLTON, NJ 08053	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	SALLY ZINMAN	
23 STREET ADDRESS	1720 CARLTON STREET	
24 CITY-ST-ZIP	BERKELEY, CA 94703	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	ANTHONY SCHWEIBER	
33 STREET ADDRESS	32 CYNWYD RD	
34 CITY-ST-ZIP	BALTA CYNWYD, PA 19204	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 119.07(3)(k), 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.

SIGNATURE: *Elizabeth S. Zinman* 2/13/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)