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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P30891

1. Corporation Name

PHILIP ZINMAN FOUNDATION, INCORPORATED

Principal Place of Business

21474 LINWOOD CT  
BOCA RATON FL 33433  
US

Mailing Address

21474 LINWOOD CT  
BOCA RATON FL 33433  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/28/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		21-6015665	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent

ZINMAN ELIZABETH S  
21474 LINWOOD CT  
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

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	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZINMAN, ELIZABETH S	1.2 NAME	
STREET ADDRESS	21474 LINWOOD CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, YALE T	2.2 NAME	
STREET ADDRESS	7900 RED RD 9-S	2.3 STREET ADDRESS	153 West Avenue
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Naples, FL 34108
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAER, JAMES	3.2 NAME	21186 Hamlin Drive
STREET ADDRESS	7600 NW 82ND TERR	3.3 STREET ADDRESS	Boca Raton, FL
CITY-ST-ZIP	PARKLAND FL	3.4 CITY-ST-ZIP	33433
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NALENCZ, LEONARD P.	4.2 NAME	One Logan Square
STREET ADDRESS	1200 FOUR PENN CNTR PLZ	4.3 STREET ADDRESS	Philadelphia, PA 19103
CITY-ST-ZIP	PHILADELPHIA PA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLOY, MARVIN D.	5.2 NAME	
STREET ADDRESS	900 KINGS HIGHWAY NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILL NJ	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKS, ANNE Z	6.2 NAME	SCHWEIGER, Anthony
STREET ADDRESS	69 BANK ST	6.3 STREET ADDRESS	240 Trianon Lane
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	Villanova, PA 19085

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: ELIZABETH S. ZINMAN *ELIZABETH S. ZINMAN* 561-488-0595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 1/1/00 Daytime Phone #

CR2E037 (1/198)