

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 27 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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

**DOCUMENT # P39000 (5)**  
 1. Corporation Name  
**NATIONAL LEUKEMIA RESEARCH ASSOCIATION, INC.**



Principal Place of Business: **585 STEWART AVE. GARDEN CITY NY 11530 US**  
 Mailing Address: **585 STEWART AVE. GARDEN CITY NY 11530 US**

3. Date Incorporated or Qualified: **05/28/1992**  
 4. FEI Number: **11-2106778**  
 Applied For:  Not Applicable

2. Principal Place of Business: **21 SAME AS ABOVE**  
 2a. Mailing Address: **26 SAME AS ABOVE**  
 Suite, Apt. #, etc. (22, 27)  
 City & State (23, 28)  
 Zip (24, 25) Country (29, 30)

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**PEREZ, RAYMOND V**  
**180 N.E. 128 TERRACE**  
**MIAMI FL 33181**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	SCHWAB, GILBERT	
STREET ADDRESS	31 STAUBER DRIVE	
CITY-ST-ZIP	PLAINVIEW NY	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	CUTOLO, WILLIAM P	
STREET ADDRESS	1435 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	EMANUELE, NICK	
STREET ADDRESS	7403 QUEENS BLVD.	
CITY-ST-ZIP	ELMHURST NY	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	RAFTER, JOHN	
STREET ADDRESS	ONE KENSINGTON RD.	
CITY-ST-ZIP	BABYLON NY	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	WEINBERG, ALLAN D	
STREET ADDRESS	893 WOODOAK DRIVE	
CITY-ST-ZIP	BALDWIN NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Secretary Robert J. Dreslein
3.3 STREET ADDRESS	6080 Jericho Turnpike
3.4 CITY-ST-ZIP	Commack, N.Y. 11725
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Treasurer Peter Ascher
4.3 STREET ADDRESS	32 Marion Avenue
4.4 CITY-ST-ZIP	Merrick, N.Y. 11566
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Trustee Stuart Kobrick
5.3 STREET ADDRESS	350 Fifth Avenue Suite 4309
5.4 CITY-ST-ZIP	New York, N.Y. 10118

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.

SIGNATURE: *M. ...* 5-7-98 5/6 222 1944

CR2E037 (10/97)