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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P40161

1. Corporation Name

BERNARD R. AND CAROL KOSSAR FOUNDATION, INC.

Principal Place of Business

% BERNARD R. KOSSAR
3100 OCEAN BLVD., APT. 705 NORTH
PALM BEACH FL 33480

Mailing Address

% BERNARD R. KOSSAR
3100 OCEAN BLVD., APT. 705 NORTH
PALM BEACH FL 33480



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/24/1992

4. FEI Number

36-3826425

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOSSAR, BERNARD R.
3100 OCEAN BOULEVARD
APARTMENT 705 NORTH
PALM BEACH FL 33408

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
NAME KOSSAR, BERNARD R.
STREET ADDRESS 3100 OCEAN BLVD APT 705N
CITY-ST-ZIP PALM BEACH FL

☐ DELETE

1.1 TITLE

08/24/1992

☐ Change

☐ Addition

TITLE VSD
NAME KOSSAR, CAROL
STREET ADDRESS 3100 OCEAN BLVD APT 705N
CITY-ST-ZIP PALM BEACH FL

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

TITLE D
NAME STUART, STEPHANIE K
STREET ADDRESS 190 EAST 72ND STREET
CITY-ST-ZIP NEW YORK NY

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

TITLE D
NAME KOSSAR, VALERIE L.
STREET ADDRESS 200 EAST 72ND STREET
CITY-ST-ZIP NEW YORK NY

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/99 561-585-6260

CR2E037 (11/98)