FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N94000003429 (7)

THE CALAMUS FOUNDATION, INC.

Principal Place of Business Mailing Address 770 SOUTH PALM AVENUE 770 SOUTH PALM AVENUE 3. Date Incorporated or Qualified SARASOTA FL 34236 SARASOTA FL 34236 <u>07/08/1994</u> 4. FEI Number Applied For 65-0508548 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional M 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes Country 8. This corporation owes or has paid the current year Intangible.
Personal Property Tax due June 30. Yes No 50(1) Country 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name KAPLAN, SAUL Street Address (P.O. Box Number is Not Acceptable) 82 770 SOUTH PALM AVE. SARASOTA FL 34236 83 84 City 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent alignature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE TITLE 1.1 TITLE Change ☐ Addition NAME KAPLAN, SAUL 1.2 NAME 770 SOUTH PALM AVENUE STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME MARCUS, JAMES S 2.2 NAME 720 PARK AVENUE STREET ADDRESS 2.3 STREET ADDRESS NEW YORK NY 10021 CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition BRADBURY, LOUIS NAME 3.2 NAME 222 RIVERSIDE DRIVE STREET ADDRESS 3.3 STREET ADDRESS **NEW YORK NY 10025** CITY-ST-ZIP 3.4. CITY-ST-ZIP TOLE DELETE Change 4.1 TITLE Addition NAME ROSENBERG, JAMES M 4.2 NAME STREET ADDRESS **40 FIFTH AVENUE** 4.3 STREET ADORESS **NEW YORK NY 10011** CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition SHEAFE, MICHAEL NAME 5.2 NAME STREET ADDRESS 1427 YORK AVENUE 5.3 STREET ADDRESS NEW YORK NY 10021 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 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.

SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

2/28/98

[941] 954-1250

FILED

Mar 06 1998 8:00am

Secretary of State