FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 4:18

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

DOCUMENT # 762242 (6)

1. Corporation Name
FEDERATION HOUSING, INC.

Principal Place of Business	Mailing Address
5010 NOB HILL RD. SUNRISE FL 33351 US	5010 NOB HILL RD. SUNRISE FL 33351 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1982
3a. Date of Last Report: 07/19/1994
4. FEI Number: 59-2232035 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BRETTLER, SANDRA
8358 W. OAKLAND PARK BLVD
FT LAUDERDALE FL 33321

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CANTOR, DANIEL	12 NAME	
STREET ADDRESS	8411 LAGOS DE CAMPO	13 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	BIERMAN KENNETH	22 NAME	
STREET ADDRESS	1251 SW 68TH AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL.	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	OSHRY, HAROLD	32 NAME	
STREET ADDRESS	5304 WOODLANDS BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	FINKELSTEIN, RICHARD	42 NAME	
STREET ADDRESS	2520 LAGUANA TERR.	43 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	SCHULMAN SOL	52 NAME	
STREET ADDRESS	4410 KING PALM DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We 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)(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: [signature] 2/10/95 305-74-6-7960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010034