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FILED
Feb 10, 1999 8:00am
Secretary of State

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

02-10-1999 90004 039 *****61.25

DOCUMENT # 762630

1. Corporation Name

HOLOCAUST SURVIVORS OF SOUTH FLORIDA, INC.

Principal Place of Business
 8358 W. OAKLAND PARK BLVD.
 FT. LAUDERDALE FL 33351

Mailing Address
 8358 W. OAKLAND PARK BLVD.
 FT. LAUDERDALE FL 33351



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

03/29/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For
 Not Applicable

22

27

59-2223621

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAIFMAN, IRVING
7031 NW 104TH AVE
TAMARAC FL 33321

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 **PD** DELETE

NAME **GRAIFMAN, IRVING**
 STREET ADDRESS **7031 NW 104TH AVE**
 CITY-ST-ZIP **TAMARAC FL**

1.1 TITLE Change Addition

TITLE **TS** DELETE

NAME **EISENSTEIN, JULIUS**
 STREET ADDRESS **2704 N.W. 104TH AVENUE**
 CITY-ST-ZIP **SUNRISE, FL 33322**

2.1 TITLE Change Addition

TITLE **DVP** DELETE

NAME **MORRIS, DAN**
 STREET ADDRESS **6410 NW 90 AVE**
 CITY-ST-ZIP **TAMARAC FL**

3.1 TITLE Change Addition

TITLE **VP** DELETE

NAME **LITT, JOSEPH**
 STREET ADDRESS **3203 POTOFINO POINT**
 CITY-ST-ZIP **COCONUT CREEK FL**

4.1 TITLE Change Addition

TITLE **TS** DELETE

NAME **SCHAGRIN, LEON**
 STREET ADDRESS **3900 NW 76TH AVE**
 CITY-ST-ZIP **SUNRISE FL**

5.1 TITLE Change Addition

TITLE DELETE

NAME **NEUERSTEIN, ABE**
 STREET ADDRESS **7215 PRIMROSE LN**
 CITY-ST-ZIP **TAMARAC FL**

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)(f), 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

Julius Eisenstein Secretary 1-20-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)