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Mar 16 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 # N14263 (0)
1. Corporation Name
HOLOCAUST SURVIVORS OF THE PALM BEACHES, INC.

59-2387147



Principal Place of Business Mailing Address

C/O ESHTER GASTWIRTH
223 SOUTHAMPTON B
WEST PALM BEACH FL 33417
US

C/O ESHTER GASTWIRTH
223 SOUTHAMPTON B
WEST PALM BEACH FL 33417
US

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 30 Country

3. Date Incorporated or Qualified
01/22/1986 05/07/97

4. FEI Number Applied For
59-2387147 60-22-12692-560 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. 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

59-238-7747

9. Name and Address of Current Registered Agent

GASTWIRTH, ESTHER
223 SOUTHAMPTON B
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name SAME

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	P	<input type="checkbox"/> DELETE
NAME	GASTRITH, ESTHER	
STREET ADDRESS	233 SOUTHAMPTON B	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	EB	<input checked="" type="checkbox"/> DELETE
NAME	FERMAN, DAVID	
STREET ADDRESS	348 LAKE FRANCES DR	
CITY-ST-ZIP	WEST PALM BCH FL 33411-2333	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	OLMER, PAULA	
STREET ADDRESS	1412 SAILBOAT CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEFKOWITZ, ABE	
STREET ADDRESS	110 JUDY LN.	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GIEITMAN, JO	
STREET ADDRESS	101 LAKE REBECCA DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	EB	<input type="checkbox"/> DELETE
NAME	THOREK, NATHAN	
STREET ADDRESS	198 LAKE MERYL DR	
CITY-ST-ZIP	WEST PALM BCH FL 33411-3330	

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 checked="" type="checkbox"/> Addition
2.2 NAME	DEBBIE Ringer V.P.
2.3 STREET ADDRESS	224 LAKE MERYL DR.
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33411-3344
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Esther Gastwirth* 2/25/98

CR2E037 (10/97)

Dep 6.25