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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90060 018 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N14263**

1. Corporation Name  
**HOLOCAUST SURVIVORS OF THE PALM BEACHES, INC.**

Principal Place of Business C/O ESHTER GASTWIRTH 223 SOUTHAMPTON B WEST PALM BEACH FL 33417 US	Mailing Address C/O ESHTER GASTWIRTH 223 SOUTHAMPTON B WEST PALM BEACH FL 33417 US
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2. Principal Place of Business 21 c/o Ed Lefkowitz	2a. Mailing Address 26 c/o Ed Lefkowitz	3. Date Incorporated or Qualified 04/09/1986
Suite, Apt. #, etc. 22 1131 Surf Road	Suite, Apt. #, etc. 27 1131 Surf Road	4. FEI Number 59-2387747
City & State 23 Riviera Beach, Fl.	City & State 28 Riviera Beach Fl.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33404	Country 25 USA	29 33404
	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GASTWIRTH, ESTHER  
 223 SOUTHAMPTON B  
 WEST PAML BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name LEFKOWITZ ED  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 1131 SURF ROAD  
 84 City RIVIERA BEACH FL 854 Code 33404

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 *Ed Lefkowitz* *ED LEFKOWITZ* DATE 1.20.99

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	VP	<input checked="" type="checkbox"/> DELETE
NAME	RINGER, DEBBIE	
STREET ADDRESS	224 LAKE MERYL DV.	
CITY-ST-ZIP	WEST PALM BEACH FL 33411-3344	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	OLMER, PAULA	
STREET ADDRESS	1412 SAILBOAT CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	T	<input checked="" 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 checked="" 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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEFKOWITZ ED	
1.3 STREET ADDRESS	1131 SURF ROAD	
1.4 CITY-ST-ZIP	RIVIERA BEACH FLA. 33404	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gastwirth Esther	
2.3 STREET ADDRESS	223 SOUTHAMPTON B WEST PALM BEACH	
2.4 CITY-ST-ZIP	33411	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KAUFMAN HENRY	
3.3 STREET ADDRESS	108 LAKE TERRY DR.	
3.4 CITY-ST-ZIP	WEST PALM BEACH FL. 33411-9235	
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GLEITMAN JOSEPH	
4.3 STREET ADDRESS	101 LAKE REBECCA DR.	
4.4 CITY-ST-ZIP	WEST PALM BEACH , FL, 33411-3372	
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, with all other like empowered.

SIGNATURE: *Ed Lefkowitz* *ED LEFKOWITZ* DATE 1.20.99 561-842-4089

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