

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **N23485 (8)**

1. Corporation Name
GOLDA MEIR CENTER ENDOWMENT CORPORATION



Principal Place of Business Mailing Address
~~36401 US 19 NO~~ **3140 MASTERS DR.** ~~PO BOX 5186~~
~~PALM HARBOR FL 34684~~ **PALM HARBOR FL 34684** **SAME**
US CLEARWATER FL US

2. Principal Place of Business	2a. Mailing Address
21 3140 MASTERS DR.	26 3140 MASTERS DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Clearwater FL	28 CLEARWATER FL
Zip	Zip
24 34621	29 34621
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified 11/17/1987	3a. Date of Last Report 03/31/1995
4. FEI Number 59-2861129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
4191, INC.
36401 US 19 NO
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name	CHARLES RUTENBERG
82 Street Address (P.O. Box Number is Not Acceptable)	3140 MASTERS DRIVE
83	
84 City	CLEARWATER FL
85 Zip Code	34621

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]* DATE **JUNE 10, '96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUTENBERG, MARC	
STREET ADDRESS	36401 US 19 NO	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	RUTENBERG, CHARLES	
STREET ADDRESS	36401 US 19 NO	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KENT, REVA	
STREET ADDRESS	3136 MASTERS DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3140 MASTERS DRIVE
2.4 CITY-ST-ZIP	CLEARWATER FL 34621
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LEONARD SELIGMAN
3.3 STREET ADDRESS	2912 TORREY PINES COURT
3.4 CITY-ST-ZIP	CLEARWATER FL 34621 DIRECTOR
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JIM SHAPIRO
4.3 STREET ADDRESS	14221 PASSAGE WAY
4.4 CITY-ST-ZIP	LARGO FL 34646 DIRECTOR
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MICHAEL SOBEL
5.3 STREET ADDRESS	3407 TARPON WOODS BLVD.
5.4 CITY-ST-ZIP	PALM HARBOR FL 34685
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 do 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)(k), 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]* DATE **6-10-96** DAYTIME PHONE # **813-786-4310**

CR2E037 (3/96)