

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995
FLORIDA DEPARTMENT OF STATE
Sandra R. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N 27224**
1. Corporation Name
HOLOCAUST SURVIVORS FEDERATION OF SOUTH FLORIDA INC.

Principal Place of Business Mailing Address
**10 SAM DESPERAK
6303 STANLEY LANE
DELRAY BEACH FL. 33484**

3. Date Incorporated or Qualified **1990** 3a. Date of Last Report **1994**
4. FEI Number **65-0091824** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 **SAME AS ABOVE** 27 **BOVE**
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**SAM DESPERAK REG AGENT
6303 STANLEY LANE
DELRAY BEACH FL. 33484**

10. Name and Address of New Registered Agent
B1 Name **SAM DESPERAK**
B2 Street Address (P.O. Box Number is Not Acceptable) **6303 STANLEY LANE**
B3
B4 City **DELRAY BEACH, FL** B5 Zip Code **33484**

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: *Sam Desperak* (Signature) (Typed Name) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT + AGENT	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAM DESPERAK	12 NAME	
STREET ADDRESS	6303 STANLEY LANE	13 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VICE PRESIDENT	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYMAN GUNDSLAW	22 NAME	
STREET ADDRESS	1905 BERMUDA CIRCLE	23 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ALLAN FELD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REG. SECRETARY	32 NAME	
STREET ADDRESS	3001 INVERRARY BLVD	33 STREET ADDRESS	
CITY - ST - ZIP	LAUDERHILL FL 33419	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	FINANCIAL SECRETARY	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGINA ROSENMAN	42 NAME	
STREET ADDRESS	6307 STANLEY LANE DELRAY BEACH	43 STREET ADDRESS	
CITY - ST - ZIP	FL 33484	44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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: *Sam Desperak* V.P. 3/20/95 *Sam Desperak Pres* 3/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR