

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 19 1997 8:00am
 Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N27224 (7)
 1. Corporation Name
HOLOCAUST SURVIVORS FEDERATION OF SOUTH FLORIDA, INC.



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| Principal Place of Business C/O SAM DESPERAK 6303 STANLEY LANE DELRAY BEACH FL 33484 | Mailing Address C/O SAM DESPERAK 6303 STANLEY LANE DELRAY BEACH FL 33484 |
|---|---|

DO NOT WRITE IN THIS SPACE

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|---|--|
| 3. Date Incorporated or Qualified 06/30/1988 | 3a. Date of Last Report 02/16/1996 |
| 4. FEI Number 65-0091824 | Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 2. Principal Place of Business 21 C/O Ruth Desperak Suite, Apt. #, etc. | 2a. Mailing Address 26 C/O Ruth Desperak Suite, Apt. #, etc. |
| 22 6303 Stanley Lane City & State | 27 6303 Stanley Lane City & State |
| 23 Delray Beach, FL Zip Country | 28 Delray Beach, FL Zip Country |
| 24 33484 25 USA | 29 33484 30 USA |

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| 9. Name and Address of Current Registered Agent DESPERAK, SAM 6363 NORTHWEST WAY SUITE 420 DELRAY BEACH FL 33484 | 10. Name and Address of New Registered Agent 81 Name Desperak, Ruth 82 Street Address (P.O. Box Number is Not Acceptable) 6303 Stanley Lane 83 84 City Delray Beach 85 Zip Code FL 33484 |
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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 *Ruth Desperak* DATE **Sept. 15/97**

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | PD <input checked="" type="checkbox"/> DELETE |
| NAME | DESPERAK, SAM |
| STREET ADDRESS | 6303 STANLEY LANE |
| CITY-ST-ZIP | DELRAY BEACH FL |
| TITLE | SD <input checked="" type="checkbox"/> DELETE |
| NAME | FELD, ALLAN |
| STREET ADDRESS | 3910 IVERRARY BLVD. APT 203 |
| CITY-ST-ZIP | LAUDERHILL FL |
| TITLE | VD <input checked="" type="checkbox"/> DELETE |
| NAME | GENESLAW, HYMAN |
| STREET ADDRESS | 1905 BERMUDA CIR J-2 |
| CITY-ST-ZIP | COCONUT CREEK FL |
| TITLE | FSD <input type="checkbox"/> DELETE |
| NAME | ROSEMAN, REGINA |
| STREET ADDRESS | 6307 STANLEY LANE |
| CITY-ST-ZIP | DELRAY BEACH 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 | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Desperak, Ruth |
| 1.3 STREET ADDRESS | 6303 Stanley Lane |
| 1.4 CITY-ST-ZIP | Delray Beach, FL 33484 |
| 2.1 TITLE | V/S/O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Schlufman, Rachel |
| 2.3 STREET ADDRESS | 1502 Cayman Way K-02 |
| 2.4 CITY-ST-ZIP | Coconut Creek, FL 33066 |
| 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 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 do 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, in an attachment with an address.

SIGNATURE *Ruth Desperak* SIGNATURE REQUIRED

CR2E037 (4/97)