FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FILED
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB 23 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # N92000000623 (0)

1. Current Name
FEDERATED CHARITIES, INC.

Principal Place of Business	Mailing Address
4816 TAFT ST HOLLYWOOD FL 33021	4816 TAFT ST HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: 11/30/1992
3a. Date of Last Report: 11/14/1994
4. FEI Number: 65-0379522 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MALAVSKY, MORTON
4816 TAFT ST.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MALAVSKY, MORTON	1.2 NAME	
STREET ADDRESS	4816 TAFT ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BLUMENTHAL, FRED	2.2 NAME	
STREET ADDRESS	4816 TAFT ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SENICK, SYLVIA	3.2 NAME	
STREET ADDRESS	4816 TAFT ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	AZULAY, Y. JUDD	4.2 NAME	
STREET ADDRESS	35 S. WACKER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KURLAND, SHELDON	5.2 NAME	
STREET ADDRESS	727 NE 3 AVE. #201	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Morton Malavsky Morton Malavsky 2/22/95 305-962-6222
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0030241