

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000000549 (6)

1. Corporation Name
SEPHARDI FEDERATION OF PALM BEACH COUNTY, INC.



Principal Place of Business: 2701 VILLAGE BLVD. SUITE 404 WEST PALM BEACH FL 33409 US
Mailing Address: 2701 VILLAGE BLVD. SUITE 404 WEST PALM BEACH FL 33409 US

3. Date Incorporated or Qualified: 02/03/1993
3a. Date of Last Report: 03/08/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 65-0395049
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SMERALDI, ROSINA K
2701 VILLAGE BOULEVARD, #404
WEST PALM BEACH FL 33409**

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 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: _____ DATE: _____
Signature, typed or printed name of registered agent and time if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KARAKO, JACK M	
STREET ADDRESS	18621 MISTY LAKE DR.	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WEINTRAUB, JUDY	
STREET ADDRESS	1801 S. FLAGLER DR. #1801	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SIMAN, DAVID	
STREET ADDRESS	109 PALOMINO DR.	
CITY-ST-ZIP	JUPITER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PAPPO, ESTHER	
STREET ADDRESS	4770 SEXTANT CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SAUL, DR. R	
STREET ADDRESS	11194 HARBOUR SPRINGS CIRCLE	
CITY-ST-ZIP	BOCA RATON FO	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	SMERALDI, ROSINA K	
STREET ADDRESS	2701 VILLAGE BOULEVARD, #404	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SIMAN, DAVID	
1.3 STREET ADDRESS	109 PALOMINO DR.	
1.4 CITY-ST-ZIP	JUPITER FL 33458	
2.1 TITLE	VPDAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SMERALDI, ROSINA K.	
2.3 STREET ADDRESS	2701 VILLAGE BLVD. #404	
2.4 CITY-ST-ZIP	WEST PALM BEACH FL 33409	
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	D	<input checked="" 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 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: *David W. Siman* DAVID W. SIMAN APRIL 30, 1996 407-744-1950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)