


FILE NOW: FILING FEE IS \$61.25

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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 02/03/1993	
4. FEI Number 65-0395049	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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	

2. Principal Place of Business 21	2a. Mailing Address 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
**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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	SIMAN, DAVID	
STREET ADDRESS	109 PALOMINO DR.	
CITY-ST-ZIP	JUPITER FL	
TITLE	VPD	<input type="checkbox"/>
NAME	ALLEN, ROSE PAPP0	
STREET ADDRESS	783 FORESTERIA AVE.	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	TD	<input type="checkbox"/>
NAME	PAPPO, ESTHER	
STREET ADDRESS	4770 SEXTANT CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input type="checkbox"/>
NAME	SAUL, DR. R	
STREET ADDRESS	11194 HARBOUR SPRINGS CIRCLE	
CITY-ST-ZIP	BOCA RATON FO	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	ALLEN, ROSE PAPP0		
1.3 STREET ADDRESS	783 FORESTERIA AVE.		
1.4 CITY-ST-ZIP	WELLINGTON, FL 33414		
2.1 TITLE	VPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	SAUL, DR. R		
2.3 STREET ADDRESS	11194 HARBOUR SPRINGS CIRCLE		
2.4 CITY-ST-ZIP	BOCA RATON FL 33428		
3.1 TITLE	TD	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	SAME		
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	SIMAN, DAVID		
4.3 STREET ADDRESS	109 PALOMINO DR.		
4.4 CITY-ST-ZIP	JUPITER FL 33458		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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, or on an attachment with an address.

SIGNATURE: *Rose Pappo Allen*

CR2E037 (10/97)