

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 # N95000005122 (5)

1. Corporation Name

INTERNATIONAL HOLOCAUST EDUCATIONAL CENTER, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
C/O RIDEN, EARLE & KIEFNER, P.A. 100 2ND AVE S. 4TH FLOOR NORTH TOWER ST PETERSBURG FL 33701		C/O RIDEN, EARLE & KIEFNER, P.A. 100 2ND AVE S. 4TH FLOOR NORTH TOWER ST PETERSBURG FL 33701		10/31/1995	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3353143	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	24	25
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

SNYDER, D J
100 2ND AVE S
4TH FLOOR NORTH TOWER
ST PETERSBURG FL 33701

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

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 date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT AND TRUSTEE <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID LOEBENBERG	1.2 NAME	
STREET ADDRESS	6529 CENTRAL AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	1.4 CITY-ST-ZIP	
TITLE	TRUSTEE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL WERLY	2.2 NAME	
STREET ADDRESS	6529 CENTRAL AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	2.4 CITY-ST-ZIP	
TITLE	TRUSTEE, SECRETARY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALPH MIZRAHI	3.2 NAME	
STREET ADDRESS	6529 CENTRAL AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 LOEBENBERG, PRESIDENT** (813) 822-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)