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N95000005122

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N95000005122 1. Corporation Name INTERNATIONAL HOLOCAUST EDUCATIONAL CENTER, INC.		
Principal Place of Business C/O RIDEN, EARLE & KEFNER, P.A. 100 2ND AVE S. 4TH FLOOR NORTH TOWER ST PETERSBURG FL 33701	Mailing Address C/O RIDEN, EARLE & KEFNER, P.A. 100 2ND AVE S. 4TH FLOOR NORTH TOWER ST PETERSBURG FL 33701	



2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	26. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 10/31/1995	4. FEI Number 59-3353143 Applied For Not Applicable
8. Name and Address of Current Registered Agent SNYDER, D J 100 2ND AVE S 4TH FLOOR NORTH TOWER ST PETERSBURG FL 33701		10. Name and Address of New Registered Agent	

I, Pursuant to the provisions of Sections 617.0502 and 617.1506, 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	
12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	Director
STREET ADDRESS	DAVID, LOEBENBERG	12. NAME	Walter P. Loebenberg
CITY-ST-ZIP	6529 CENTRAL AVENUE ST. PETERSBURG FL 33710	13. STREET ADDRESS	6529 Central Avenue St. Petersburg, FL 33710
TITLE	NAME	21. TITLE	
STREET ADDRESS	WERLY, AL	22. NAME	
CITY-ST-ZIP	6529 CENTRAL AVENUE ST. PETERSBURG FL 33710	23. STREET ADDRESS	
TITLE	NAME	31. TITLE	
STREET ADDRESS	TS	32. NAME	
CITY-ST-ZIP	MIZRAHI, RALPH	33. STREET ADDRESS	
TITLE	NAME	41. TITLE	
STREET ADDRESS	6529 CENTRAL AVENUE ST. PETERSBURG FL 33710	42. NAME	
CITY-ST-ZIP		43. STREET ADDRESS	
TITLE	NAME	51. TITLE	
STREET ADDRESS		52. NAME	
CITY-ST-ZIP		53. STREET ADDRESS	
TITLE	NAME	61. TITLE	
STREET ADDRESS		62. NAME	
CITY-ST-ZIP		63. STREET ADDRESS	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED: *[Signature]* 1/18/99 727-347-8900

CR2807 (1/88)