

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 # **P25421** (9)

1. Corporation Name
ISRAEL CANCER RESEARCH FUND INC.



Principal Place of Business: **1290 AVENUE OF THE AMERICAS NEW YORK NY 10104**
Mailing Address: **1290 AVENUE OF THE AMERICAS NEW YORK NY 10104**

3. Date Incorporated or Qualified: **07/26/1989**
3a. Date of Last Report: **03/27/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	51-0181215	Not Applicable
23	City & State	City & State	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25			30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GELLER, SIDNEY THE ISLE AT MISSION BAY 10810 SANTA ROSA DR. BOCA RATON FL 33498		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRSHAUT, YASHAR	1.2 NAME	
STREET ADDRESS	860 FIFTH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK CITY NY	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARLEN, MYRON	2.2 NAME	RATNER, LYNN
STREET ADDRESS	600 NORTHERN BLVD.	2.3 STREET ADDRESS	12 EAST 86TH STREET
CITY-ST-ZIP	GREATNECK NY	2.4 CITY-ST-ZIP	NEW YORK, NY 10028
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZUCKER, CLYDE	3.2 NAME	BRAUSE, LOUIS
STREET ADDRESS	180 EAST 38TH ST.	3.3 STREET ADDRESS	52 VANDERBILT AVE.
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POBINER, HERBERT	4.2 NAME	
STREET ADDRESS	535 EAST 86TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMANN, EDWARD A	5.2 NAME	
STREET ADDRESS	LAMBS LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRESSKILL NJ	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, S. DONALD	6.2 NAME	FRIEDMAN, S. DONALD
STREET ADDRESS	1185 FIFTH AVE.	6.3 STREET ADDRESS	1185 FIFTH AVE.
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	NEW YORK, NY 10029

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: Yashar Hirsaut **Yashar Hirsaut 2/29/96 (212) 969-9800**

CR2E037 (12/95)