

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 19 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P25421 (9)**  
 1. Corporation Name  
**ISRAEL CANCER RESEARCH FUND INC.**



Principal Place of Business <b>1280 AVENUE OF THE AMERICAS NEW YORK NY 10104</b>	Mailing Address <b>1280 AVENUE OF THE AMERICAS NEW YORK NY 10104</b>
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3. Date Incorporated or Qualified  
**07/26/1989**

4. FEI Number  
**51-0181215**

Applied For  
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**GELLER, SIDNEY  
 THE ISLE AT MISSION BAY  
 10810 SANTA ROSA DR.  
 BOCA RATON FL 33498**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HIRSHAUT, YASHAR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	860 FIFTH AVE.	1.2 NAME	
STREET ADDRESS	NEW YORK CITY NY	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V RATNER, LYNN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12 EAST 86TH STREET	2.2 NAME	
STREET ADDRESS	NEW YORK NY	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D BRAUSE, LOUIS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	52 CANDERBILT AVENUE	3.2 NAME	
STREET ADDRESS	NEW YORK NY	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S POBINER, HERBERT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	535 EAST 88TH ST.	4.2 NAME	
STREET ADDRESS	NEW YORK NY	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T GROSSMANN, EDWARD A	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBS LANE	5.2 NAME	
STREET ADDRESS	CRESSKILL NJ	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	C FRIEDMAN, S. DONALD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1165 FIFTH AVE.	6.2 NAME	
STREET ADDRESS	NEW YORK NY	6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Herbert Pobiner* 4/28/98 212 969 9800

CR2E037 (10/97)