


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **707640** (9)
1. Corporation Name
198 BENEVOLENT, INC.

Principal Place of Business: **C/O MERVYN ADIRIM, 1721 S.W. 85 COURT, MIAMI FL 33155**
Mailing Address: **C/O MERVYN ADIRIM, 1721 S.W. 85 COURT, MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/27/1964** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **23-7079613** Applied For: Not Applicable:

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) 2a. Mailing Address (25-30)

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 City 28 City 29 State 30 State

9. Name and Address of Current Registered Agent

**ADIRIM, MERVYN
1721 S.W. 85 COURT
MIAMI FL 33155**

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 607.0503 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Mervyn Adirim* **MERVYN ADIRIM** DATE: **4/29/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ADIRIM, MERVYN
STREET ADDRESS	1721 S.W. 85 CT.
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	SCHWARTZ, SEYMOUR
STREET ADDRESS	5841 S.W. 90 COURT
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	SCHNEIDERMAN, EUGENE
STREET ADDRESS	6831 SW 147 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	HECKER, RICHARD
STREET ADDRESS	8893 ODELL DR.
CITY - ST - ZIP	BOYTON BCH. FL
TITLE	FSD
NAME	LEVINE, EDWARD
STREET ADDRESS	5015 SW. 91 AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily prepared 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: *Mervyn Adirim* **MERVYN ADIRIM** DATE: **4/29/95** TELEPHONE: **305-592-1589**