


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90296 010 ****61.25

DOCUMENT # 707640	
1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E037 (11/03)

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent ADIRIM, MERVYN 1721 S.W. 85 COURT MIAMI FL 33155	7. Name and Address of New Registered Agent Name EUGENE SCHNEIDERMAN Street Address (P.O. Box Number is Not Acceptable) 13830 SW 104TH TERRACE City MIAMI FL Zip Code 33186
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ADIRIM, MERVYN		NAME	
STREET ADDRESS 1721 S.W. 85 CT.		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHWARTZ, SEYMOUR		NAME	
STREET ADDRESS 7414 LAKE MEADOW WAY #102		STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL 33437		CITY-ST-ZIP	
TITLE VP PD	<input type="checkbox"/> Delete	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHNEIDERMAN, EUGENE		NAME	
STREET ADDRESS 13830 SW 104TH TERRACE		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33186		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HECKER, RICHARD		NAME	
STREET ADDRESS 8893 ODELL DR.		STREET ADDRESS	
CITY-ST-ZIP BOYNTON BCH. FL		CITY-ST-ZIP	
TITLE FSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVINE, EDWARD		NAME	
STREET ADDRESS 5015 SW. 91 AVE.		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eugene Schneiderman* 4/24/04 305-385-0922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #