


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 707640
1. Entity Name
198 BENEVOLENT, INC.



Principal Place of Business
C/O EUGENE SCHNEIDERMAN
13830 SW 104TH TERRACE
MIAMI, FL 33186

Mailing Address
C/O EUGENE SCHNEIDERMAN
13830 SW 104TH TERRACE
MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE



04242006 No Chg-NP CR2E037 (11/05)

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

SCHNEIDERMAN, EUGENE
13830 SW 105TH TERRACE
MIAMI, FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHWARTZ, SEYMOUR 7414 LAKE MEADOW WAY #102 BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHNEIDERMAN, EUGENE 13830 SW 104TH TERRACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HECKER, RICHARD 8893 ODELL DR. BOYTON BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD LEVINE, EDWARD 5015 SW. 91 AVE. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REISE, STUART 101 33 NW 24TH PL APT. 303 SUNRISE, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000538246
05/09/06-80050-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **4/24/06** **305 385-0922**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #