


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # 707640</b><br>1. Entity Name<br><b>198 BENEVOLENT, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>C/O EUGENE SCHNEIDERMAN<br/>13830 SW 104TH TERRACE<br/>MIAMI FL 33186</b> | Mailing Address<br><b>C/O EUGENE SCHNEIDERMAN<br/>13830 SW 104TH TERRACE<br/>MIAMI FL 33186</b> |
|---|---|



|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E037 (10/06)

|                     |                     |
|---------------------|---------------------|
| City & State<br>Zip | City & State<br>Zip |
|---------------------|---------------------|

|   |  |
|---|--|
| 4. FEI Number<br><b>23-7079613</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>SCHNEIDERMAN, EUGENE<br/>13830 SW 105TH TERRACE<br/>MIAMI FL 33186</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |
|---|--|

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)

|  |  |  |
|--|--|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|--|--|

| 10. OFFICERS AND DIRECTORS |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|----------------------------|--|---|---|
| TITLE                      | SD<br>SCHWARTZ, SEYMOUR<br>7414 LAKE MEADOW WAY #102<br>BOYNTON BEACH FL 33437 | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>U00000703234<br>04/20/07-80133-009 61.25 |
| NAME                       | Delete <input type="checkbox"/>  | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| STREET ADDRESS             | Delete <input type="checkbox"/>  | STREET ADDRESS  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| CITY- ST- ZIP              | Delete <input type="checkbox"/>  | CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE                      | P<br>SCHNEIDERMAN, EUGENE<br>13830 SW 104TH TERRACE<br>MIAMI FL 33186          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       | Delete <input type="checkbox"/>  | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| STREET ADDRESS             | Delete <input type="checkbox"/>  | STREET ADDRESS  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| CITY- ST- ZIP              | Delete <input type="checkbox"/>  | CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE                      | VP<br>HECKER, RICHARD<br>8893 ODELL DR.<br>BOYTON BCH. FL                      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       | Delete <input type="checkbox"/>  | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| STREET ADDRESS             | Delete <input type="checkbox"/>  | STREET ADDRESS  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| CITY- ST- ZIP              | Delete <input type="checkbox"/>  | CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE                      | FSD<br>LEVINE, EDWARD<br>5015 SW. 91 AVE.<br>MIAMI FL 33165                    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       | Delete <input type="checkbox"/>  | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| STREET ADDRESS             | Delete <input type="checkbox"/>  | STREET ADDRESS  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| CITY- ST- ZIP              | Delete <input type="checkbox"/>  | CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE                      | D<br>REISE, STUART<br>101 33 NW 24TH PL APT. 303<br>SUNRISE FL 33322           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       | Delete <input type="checkbox"/>  | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| STREET ADDRESS             | Delete <input type="checkbox"/>  | STREET ADDRESS  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| CITY- ST- ZIP              | Delete <input type="checkbox"/>  | CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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* 4/17/07 305-385-0922  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #