

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # 707640 1. Entity Name 198 BENEVOLENT, INC.	
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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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHNEIDERMAN, EUGENE 13830 SW 105TH TERRACE MIAMI FL 33186	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

B. 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, 2008	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	
TITLE	SD <input type="checkbox"/> Delete
NAME	SCHWARTZ, SEYMOUR
STREET ADDRESS	7414 LAKE MEADOW WAY #102
CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	P <input type="checkbox"/> Delete
NAME	SCHNEIDERMAN, EUGENE
STREET ADDRESS	13830 SW 104TH TERRACE
CITY-ST-ZIP	MIAMI FL 33186
TITLE	VP <input type="checkbox"/> Delete
NAME	HECKER, RICHARD
STREET ADDRESS	8893 ODELL DR.
CITY-ST-ZIP	BOYTON BCH. FL
TITLE	FSD <input type="checkbox"/> Delete
NAME	LEVINE, EDWARD
STREET ADDRESS	5015 SW. 91 AVE.
CITY-ST-ZIP	MIAMI FL 33165
TITLE	D <input type="checkbox"/> Delete
NAME	REISE, STUART
STREET ADDRESS	101 33 NW 24TH PL APT. 303
CITY-ST-ZIP	SUNRISE FL 33322
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000835405 02/29/08-80033-024 61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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* 2/20/08 305 385-0922