

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -8 AM 9:42

DOCUMENT # 732563 (2)

1. Corporation Name

FLORIDA HILFEL FOUNDATIONS, INC.

Principal Place of Business

7111 N.W. 46TH STREET
LAUDERHILL FL 33319

Mailing Address

7111 N.W. 46TH STREET
LAUDERHILL FL 33319

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **04/24/1975** 3a. Date of Last Report **01/25/1994**

4. FEI Number **53-0238141** 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OSSINSKY, LOUIS, JR.
101 CORSAIR DRIVE, SUITE 200
DAYTONA BEACH FL 32014-3850**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD**
NAME **GOODMAN, IRA**
STREET ADDRESS **1200 ST. CHARLES PLACE, APT. 222**
CITY-ST-ZIP **PEMBROKE PINES FL**

1.1 TITLE **VD** ☒ Change ☐ Addition
1.2 NAME **ZOLLER, DR. WALTER**
1.3 STREET ADDRESS **796 Florencia Circle**
1.4 CITY-ST-ZIP **Titusville, FL 32708**

TITLE **TD**
NAME **HAHAMOVITCH, DONALD E**
STREET ADDRESS **7111 N.W. 46TH ST**
CITY-ST-ZIP **LAUDERHILL FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **400**
NAME **SHOTZ, SUE**
STREET ADDRESS **3330 NW 22ND STREET**
CITY-ST-ZIP **COCONUT CREEK FL**

3.1 TITLE **PD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **PD**
NAME **WASLEY, JOSEPH**
STREET ADDRESS **9669 EL CLAIR BANCH ROAD**
CITY-ST-ZIP **BOYNTON BEACH FL**

4.1 TITLE **VD** ☒ Change ☐ Addition
4.2 NAME **FENTIN, ARTHUR**
4.3 STREET ADDRESS **9831 Harbor Lake Circle**
4.4 CITY-ST-ZIP **Boynton Beach, FL 33437**

TITLE **VD**
NAME **LEBOV, RONALD**
STREET ADDRESS **12710 FOREST HILLS DRIVE**
CITY-ST-ZIP **TAMPA FL**

5.1 TITLE **VD** ☒ Change ☐ Addition
5.2 NAME **POLLOCK, DR. RAYMOND**
5.3 STREET ADDRESS **1325 South Pine Street, Apt. 103**
5.4 CITY-ST-ZIP **Melbourne, FL 32101**

TITLE **VD**
NAME **LEPOLSTAT, STANLEY**
STREET ADDRESS **117 GATE ROAD**
CITY-ST-ZIP **HOLLYWOOD FL**

6.1 TITLE **VD** ☒ Change ☐ Addition
6.2 NAME **CAPPON, SELMA**
6.3 STREET ADDRESS **21240 Hazelwood Lane**
6.4 CITY-ST-ZIP **Boca Raton, FL 33428**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE

Donald E. Hahamovitch

Feb. 2, 1995 (305)748-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #