**FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 17 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733849

1. Corporation Name HUMANITARIAN FOUNDATION FOR HANDICAPPED CHILDREN, INC. FT. LAUDERDALE LODGE # 201

Principal Place of Business / Mailing Address
c/o RICHARD BLOCK
10433 Sunrise Lakes BLVD. Apt. 301
SUNRISE, FL. 33322.

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 as above | 26 as above |
| Suite, Apt. #, etc. 22 — | Suite, Apt. #, etc. 27 — |
| City & State 23 — | City & State 28 — |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

3. Date Incorporated or Qualified 9/21/76

4. FEI Number 59-0856017 [ ] 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

**9. Name and Address of Current Registered Agent**
MARTIN LIPNACK
7421 S.W. 20TH ST.
PLANTATION, FL. 33317

**10. Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

| | |
|---|---|
| TITLE | RICHARD BLOCK, PRES. [DELETE] |
| NAME | 10433 Sunrise Lks Blvd. |
| STREET ADDRESS | Sunrise, Fl. 33322 |
| CITY-ST-ZIP | |
| TITLE | Aldan Fogelman [DELETE] V.P. |
| NAME | 9575 Weldon Circle |
| STREET ADDRESS | Tamarac, Fl. 33321 |
| CITY-ST-ZIP | |
| TITLE | George Jurgel, Treas. [DELETE] |
| NAME | 4735 Lucerne Lks Blvd. |
| STREET ADDRESS | Lake Worth, Fl. 33467 |
| CITY-ST-ZIP | |
| TITLE | Bruce Laster, Secty. [DELETE] |
| NAME | 8971 N.W. 3rd Ct. |
| STREET ADDRESS | Coral Springs, Fl. 33071 |
| CITY-ST-ZIP | |
| TITLE | [ ] DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | [ ] DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | |
|---|---|
| 1.1 TITLE | DIRECTOR [ ] Change [ ] Addition |
| 1.2 NAME | HAROLD GINSBERG |
| 1.3 STREET ADDRESS | 8007 N.W. 108 AVE |
| 1.4 CITY-ST-ZIP | TAMARAC, FL. 33321 |
| 2.1 TITLE | DIRECTOR [ ] Change [ ] Addition |
| 2.2 NAME | SIMON GARBER |
| 2.3 STREET ADDRESS | 1709 N.W. 56 AVE |
| 2.4 CITY-ST-ZIP | LAUDERHILL, FL. 2621 |
| 3.1 TITLE | DIRECTOR [ ] Change [ ] Addition |
| 3.2 NAME | BEN SMILOWITZ |
| 3.3 STREET ADDRESS | 4899 N.W. 29 CT |
| 3.4 CITY-ST-ZIP | LAUDERHILL LAKES, FL. 33313 |
| 4.1 TITLE | [ ] Change [ ] Addition |
| 4.2 NAME | 500002814405--- 2 |
| 4.3 STREET ADDRESS | -03/22/99--01152--015 |
| 4.4 CITY-ST-ZIP | *****61.25 *****61.25 |
| 5.1 TITLE | [ ] Change [ ] Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | [ ] Change [ ] Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 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; 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** RICHARD BLOCK, PRES. Richard Block
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/3/99 Daytime Phone # (954) 741-8478

CR2E037 (11/98)