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

APPROVED AND FILED
95 JUN 26 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734365 (0)

1. Corporation Name
HALLANDALE UNITED CITIZENS, INC.

Principal Place of Business	Mailing Address
% LOUIS SCHULMAN 300 N.E. 14TH AVENUE HALLANDALE FL 33009	% LOUIS SCHULMAN 300 N.E. 14TH AVENUE HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1975
3a. Date of Last Report: 05/24/1994
4. FEI Number: 25-7039488 TAX-EXEMPT ☐ 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
21 300 N.E 14AVE	26 300NE 14AVE #402
22 Suite, Apt. #, etc. #402	27 Suite, Apt. #, etc. 402
23 City & State HALLANDALE,FL.	28 City & State HALLANDALE,FL.
24 Zip 33009 25 Country BROWARD	29 Zip 33009 30 Country BROWARD

9. Name and Address of Current Registered Agent

WATERMAN, SAMUEL E, ESQ
1445 ATL SH BLVD.
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 400001525454
83 -06/28/95--01030--021
84 City FL 85 Zip Code *****70.00 *****70.00

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE D	☑ Change ☐ Addition
NAME	CANON, ART	1.2 NAME	SEYMOUR FENDELL, PRES
STREET ADDRESS	1000 NE 7TH STREET Deceased	1.3 STREET ADDRESS	3140 SO. OCN. DR.
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	HALLANDALE, FL. 33009
TITLE	VP	2.1 TITLE D	☐ Change ☐ Addition
NAME	FENDELL, SEYMOOR	2.2 NAME	THORN SHAY 3RD V. PRES
STREET ADDRESS	3140 S. OCEAN DRIVE	2.3 STREET ADDRESS	731 SW 3 AVE
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	HALLANDALE, FL. 33 009
TITLE	VP	3.1 TITLE D	☐ Change ☐ Addition
NAME	SANDER, ALVIN J	3.2 NAME	ALVIN S. SANDER 2ND V. PRES
STREET ADDRESS	1000 NE 14TH AVE 703	3.3 STREET ADDRESS	2ND V. PRES
CITY-ST-ZIP	HALLANDALE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE D	☐ Change ☐ Addition
NAME	FRISCHLING, HARRY	4.2 NAME	HARRY FRISCHLING
STREET ADDRESS	1301 NE 7 STREET, #213	4.3 STREET ADDRESS	1ST V. PRES.
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE D	☐ Change ☐ Addition
NAME	SNYDER, SILVIA	5.2 NAME	SILVIA SNYDER
STREET ADDRESS	~~301 NE 14TH AVE 205~~ 421 NE 14 AVE #202	5.3 STREET ADDRESS	SECY 421 NE 14 AVE #202
CITY-ST-ZIP	HALLANDALE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	DT	6.1 TITLE D	☐ Change ☐ Addition
NAME	SCHULMAN, LOUIS S	6.2 NAME	LOUIS. S. SCHULMAN
STREET ADDRESS	300 NE 14TH AVE 402	6.3 STREET ADDRESS	TREAS.
CITY-ST-ZIP	HALLANDALE, FL 00000	6.4 CITY-ST-ZIP	

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Louis S. Schulman 6/5/95 Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

LOUIS S. SCHULMAN -- TREASURER

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