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 APR 19 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **741288** **(5)**

1. Corporation Name

WHEELCHAIR CLUB OF SHALOM TEMPLE NO. 77,INC

Principal Place of Business	Mailing Address
7770 W OAKLAND PARK BLVD #210 SUNRISE FL 33351	7770 W OAKLAND PARK BLVD #210 303 SUNRISE FL 33351 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1977
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1807988 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LAFFER, HENRY
7770 W OAKLAND PARK BLVD
SUNRISE FL 33351

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed 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	PD	1.1 TITLE	PRES	☒ Change ☐ Addition
NAME	GINSBERG, HAROLD	1.2 NAME	BRUCE ZIEGLER	
STREET ADDRESS	6007 NW 108TH AVE	1.3 STREET ADDRESS	1853 NW 94 AVE	
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071-8956	
TITLE	VD	2.1 TITLE	NATHAN SCHWEITZER	☒ Change ☐ Addition
NAME	ZWAIN, SEYMOUR	2.2 NAME	4146 NW 90TH AVE	VICE PRES
STREET ADDRESS	2217 CYPRESS ISLAND DR.	2.3 STREET ADDRESS		SUITE 104
CITY-ST-ZIP	POMPANO BCH. FL	2.4 CITY-ST-ZIP	CORAL SPRINGS FL	33065
TITLE	STD	3.1 TITLE		☐ Change ☐ Addition
NAME	BERMAN, HARVEY	3.2 NAME		
STREET ADDRESS	2712 CARAMBOLA CIR N	3.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CRK FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	~~SCHWEITZER, NATHAN~~	4.2 NAME	BRUCE LAGER	
STREET ADDRESS	4146 N.W. 90TH AVE., SUITE 104	4.3 STREET ADDRESS	8971 NW 3rd CT	
CITY-ST-ZIP	CORAL SPGS. FL	4.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SHAPIRO, LESTER	5.2 NAME		
STREET ADDRESS	7700 SUNSET STRIP	5.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	NEUHAUS, AARON	6.2 NAME	LEE AVNET	
STREET ADDRESS	8465 SUNRISE LAKES BLVD.	6.3 STREET ADDRESS	1053 VENTON	
CITY-ST-ZIP	SUNRISE FL	6.4 CITY-ST-ZIP	DEERFIELD FL	33441

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)(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; 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.

SIGNATURE: Harvey Berman 4/10/95 305-974-7229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HARVEY BERMAN

0010000