

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 762242 (6)

1. Corporation Name  
**FEDERATION HOUSING, INC.**



Principal Place of Business: 5010 NOB HILL RD. SUNRISE FL 33351 US  
Mailing Address: 5010 NOB HILL RD. SUNRISE FL 33351 US

3. Date Incorporated or Qualified: 06/16/1982  
3a. Date of Last Report: 02/28/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-2232035	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip		<input checked="" type="checkbox"/> Yes	
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	25	30	Country		<input type="checkbox"/> Yes	
24	9. Name and Address of Current Registered Agent			8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
					<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRETTLER, SANDRA 8358 W. OAKLAND PARK BLVD FT LAUDERDALE FL 33321				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: \_\_\_\_\_ 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	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CANTOR, DANIEL			1.2 NAME			
STREET ADDRESS	8411 LAGOS DE CAMPO			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL			1.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIERMAN KENNETH			2.2 NAME			
STREET ADDRESS	1251 SW 68TH AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL.			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OSHRY, HAROLD			3.2 NAME			
STREET ADDRESS	5304 WOODLANDS BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FINKELSTEIN, RICHARD			4.2 NAME			
STREET ADDRESS	2520 LAGUANA TERR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			4.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHULMAN SOL			5.2 NAME			
STREET ADDRESS	4410 KING PALM DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)(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: Sandra Mortham Mg Agent Date: 2/23/96 Daytime Phone #: 954-746-7960  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)