


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 762242 (6)**

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



Principal Place of Business <b>5010 NOB HILL RD. SUNRISE FL 33351 US</b>	Mailing Address <b>5010 NOB HILL RD. SUNRISE FL 33351 US</b>
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3. Date Incorporated or Qualified  
**06/16/1982**

4. FEI Number  
**59-2232035**

Applied For	Not Applicable
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2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**BRETTLER, SANDRA  
8358 W. OAKLAND PARK BLVD  
FT LAUDERDALE FL 33321**

10. Name and Address of New Registered Agent

81 Name **Dr. Gary Rubin**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**8358 West Oakland Park Blvd.**  
83  
84 City **Ft. Lauderdale** **FL** 85 Zip Code **33351**

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]* DATE **4/1/98**

Signature, typed or printed name of registered agent, and date 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	<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	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	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, GARY	3.2 NAME	
STREET ADDRESS	8358 W. OAKLAND PARK BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	VD	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	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		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* DATE: **4/1/98** TELEPHONE: **954-746-7960**

Signature and typed or printed name of signing officer or director. Date. Daytime Phone #

CR2E037 (10/97)