

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

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97 JUN 20 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 762415 (8)**

1. Corporation Name  
**THE SHALOM FOUNDATION INCORPORATED**



Principal Place of Business <b>527 COCONUT ISLE FT. LAUDERDALE FL 33301</b>	Mailing Address <b>527 COCONUT ISLE FT. LAUDERDALE FL 33301-2427</b>
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3. Date Incorporated or Qualified <b>03/15/1982</b>	3a. Date of Last Report <b>07/11/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number <b>59-2184354</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PERITZ, RICHARD  
527 COCONUT ISLE  
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>PERITZ, RICHARD C</b>	
STREET ADDRESS	<b>527 COCONUT ISLE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	
TITLE	<b>SO</b>	<input type="checkbox"/> DELETE
NAME	<b>TORCHIN, DAVID</b>	
STREET ADDRESS	<b>8211 W. BROWARD BLVD.</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PERITZ, NOOMI</b>	
STREET ADDRESS	<b>8200 NW 48TH ST.</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>300002221093-1</b>
2.3 STREET ADDRESS	<b>-06/24/97--01033--006</b>
2.4 CITY-ST-ZIP	<b>****391.25 *****61.25</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*A. Alan*  
*6/20/97*

14. I do 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 or ordered 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 \_\_\_\_\_

CFR2037 (9/96)