## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762415

(8)

## THE SHALOM FOUNDATION INCORPORATED



97 JUN 20 PM 12: 50

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Pusiness Mailing Address								
Principal Place of Business  527 COCONUT ISLE FT. LAUDERDALE FL 33301		Mailing Address  527 COCONUT ISLE FT. LAUDERDALE FL 33301-2427						
					3. Date Incorporated or Qualified 03/15/1982	3a. Date of La 07/11/	st Report 1996	
2. Principal Place of Business		2a. Mailing Address					Applied For	
21		26					Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	<b>–</b>		6. Election Campaign Financing			
23		28		Trust Fund Contribution Added to Fees				
Zip			Cour	ntry	<ol> <li>This corporation has liability for intangible tax under s. 199.032, Florida Statules</li> <li>Yes ☐ No</li> </ol>			
24	9. Name and Address of Current	Peoletered Agent	30		Florida Statutes  10. Name and Address of New Reg			
	y, Name and Address of Constitu	Hohisteren Whent		81 Name	TO. Mario dita Madroso of Mon Mos			
PERITZ, RICHARD								
		82 Street Add		Idress (P.O. Box Number is Not Acceptable)				
	CONUT ISLE	63		B3			<del>_</del>	
FT. LAUDERDALE FL 33301								
			1	B4 City		FL  85	Zip Code	
11. Pursuant i	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	tes, the ab	ove-named co	prporation submits this statement for the pr	irnose of chann	ing its registered	
office or re agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligations.	of Florida. Such change was tions of, Section 617.0503, Fl	authorized orida Statu	by the corpor des.	ration's board of directors. I hereby accep	the appointmen	nt as registered	
SIGNATURE _	Signature, typed or printed name of registered agen	t and little if applicable (NOT	TE: Registered	Agent signature rec	quired when relinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC		
TITLE	PTO	DELETE	1.1 111	LE		Cha	nge 🔲 Addition	
NAME	PERITZ, RICHARD C			ME			;	
STREET ADDRESS	<b>451 444 44</b>		1,3 STF	REET ADDRESS	·		ļi	
CITY-ST-ZIP			1,4 CIT	Y-ST-ZIP				
TITLE	TORCHIN, DAVID 22		2.1 111	LE	l annoozzzid99-L~T		nge Addition	
NAME			2.2 NA1		300002221099Addion -06/24/9701033006			
STREET ADDRESS	8211 W. BROWARD BLVD.		2.3 STREET ADDRESS		****391.25 *****61.25			
CITY-ST-ZIP	PLANTATION FL 33324	T SCIETE		TY-ST-ZIP		☐ Cha	inge Addition	
TITLE	D	☐ DELETE	3.1 TIT				aige C Addition	
NAME	PERITZ, NOOMI		3.2 NAI					
STREET ADDRESS	8200 NW 48TH ST.			REET ADDRESS			Į	
CITY-ST-ZIP	LAUDERHILL FL	DELETE	3.4. CI	TY-ST-ZIP		Cha	nnge Addition	
TITLE			4.1 JII					
NAME OZOCET ADDRESS				REET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP				
TITLE		DELETE	5.1 TIT		-	☐ Cha	inge Addition	
NAME		<u> </u>	5.2 NA		$\bigcap$ $\mathcal{L}$	10	- 1	
STREET ADDRESS				REET ADDRESS	1).(1	1/IM		
CITY-ST-ZIP				Y-ST-ZIP	V( *V.	lan 20/97		
TITLE			6.1 TIT		1	) (1000 thi	inge Addition	
NAME		-	6.2 NA	ME	61	$\nu\gamma$		
STREET ADDRESS			6.3 ST	REET ADDRESS	`\	ŀ		
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP	·			
	· · · · · · · · · · · · · · · · · ·							

14. I do hereby certify that the information supplied with this filing does not pailty for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied entail 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 has been decreased 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 chan althourment without address.

William Wall

(000) (200)