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98 JUN 30 AM 7:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 762415 (8) 1. Corporation Name THE SHALOM FOUNDATION INCORPORATED		



Principal Place of Business		Mailing Address	
627 COCONUT ISLE FT. LAUDERDALE FL 33301		527 COCONUT ISLE FT. LAUDERDALE FL 33301	
2. Principal Place of Business	2a. Mailing Address		
21 3101 N.E. 46th St.	26 3101 NE 46th St.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23 Ft. LAUDERDALE	28 Ft. LAUDERDALE		
Zip	Country	Zip	Country
24 33308	25 BRWD	29 33308	30 BRWD

3. Date Incorporated or Qualified	03/15/1982	
4. FEI Number	59-2184354	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" 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	PERITZ, RICHARD
82 Street Address (P.O. Box Number is Not Acceptable)	3101 NE 46th St.
83	200002553292-8
	-06/09/98--01072--005
84 City	***311.25 FL *** Code 25 Ft. Ld. 33308

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	PTD <input type="checkbox"/> DELETE
NAME	PERITZ, RICHARD C
STREET ADDRESS	527 COCONUT ISLE
CITY-ST-ZIP	FT. LAUDERDALE FL 33301
TITLE	SD <input type="checkbox"/> DELETE
NAME	TORCHIN, DAVID
STREET ADDRESS	8211 W. BROWARD BLVD.
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	D <input type="checkbox"/> DELETE
NAME	PERITZ, NOOMI
STREET ADDRESS	6200 NW 48TH ST.
CITY-ST-ZIP	LAUDERHILL FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PTD PERITZ, RICHARD C
1.3 STREET ADDRESS	3101 N.E. 46th St.
1.4 CITY-ST-ZIP	Ft. LAUDERDALE FL 33308
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	200002553292-8
3.3 STREET ADDRESS	-07/01/98--01097--002
3.4 CITY-ST-ZIP	*****50.00 *****50.00
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	

14. I 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 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.

CF2E037 (10/97)

8/6/30

[Handwritten signatures and initials]