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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762630

1. Corporation Name

HOLOCAUST SURVIVORS OF SOUTH FLORIDA, INC.

Principal Place of Business

8358 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33351

Mailing Address

8358 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33351



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

03/29/1982

4. FEI Number

59-2223621

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GRAIFMAN, IRVING
7031 NW 104TH AVE
TAMARAC FL 33321

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GRAIFMAN, IRVING
STREET ADDRESS 7031 NW 104TH AVE
CITY-ST-ZIP TAMARAC FL

DELETE

TITLE TS
NAME EISENSTEIN, JULIUS
STREET ADDRESS 2704 N.W. 104TH AVENUE
CITY-ST-ZIP SUNRISE, FL 33322

DELETE

TITLE DVP
NAME MORRIS, DAN
STREET ADDRESS 6410 NW 90 AVE
CITY-ST-ZIP TAMARAC FL

DELETE

TITLE VP
NAME LITT, JOSEPH
STREET ADDRESS 3203 POTOFINO POINT
CITY-ST-ZIP COCONUT CREEK FL

DELETE

TITLE TS
NAME SCHAGRIN, LEON
STREET ADDRESS 3900 NW 76TH AVE
CITY-ST-ZIP SUNRISE FL

DELETE

TITLE T
NAME NEWERSTEIN, ABE
STREET ADDRESS 7215 PRIMROSE LN
CITY-ST-ZIP TAMARAC FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Julius Eisenstein President 1-10-99

CR2E037 (11/98)