FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **771063** **(5)**

1. Corporation Name

CHILD WELFARE #195, INC.

Principal Place of Business	Mailing Address
% RICHARD SCHULTZ ~~8881 NW 7 CT.~~ ~~PEMBROKE PINES FL 33024~~	% RICHARD SCHULTZ ~~8881 NW 7 CT.~~ ~~PEMBROKE PINES FL 33024~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1983
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2603020 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21: 2300 N.E. 171 ST.	26: 945 N.W. 202 LANE
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: N. MIAMI BEACH, FL	City & State 28: PEMBROKE PINES, FL
Zip 24: 33160 Country 25: U.S.A.	Zip 29: 33029 Country 30: U.S.A.

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~MEGTEL, ARTHUR~~ ~~8881 NW 7 CT.~~ ~~PEMBROKE PINES FL 33024~~	81 Name: RICHARD SCHULTZ 82 Street Address (P.O. Box Number is Not Acceptable): 945 N.W. 202 LANE 83: 84 City: PEMBROKE PINES, FL 85 Zip Code: 33029

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Richard J. Schultz RICHARD J. SCHULTZ 4/19/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KATZMAN, JACK	12 NAME	
STREET ADDRESS	418 MARINE DR	13 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MILLER, LEWIS	22 NAME	
STREET ADDRESS	1400 SW 124TH TERRACE	23 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☒ Change ☐ Addition
NAME	SCHULTZ, RICHARD	32 NAME	
STREET ADDRESS	~~8881 NW 7 COURT~~	33 STREET ADDRESS	945 N.W. 202 LANE
CITY-ST-ZIP	~~PEMBROKE PINES FL~~	34 CITY-ST-ZIP	PEMBROKE PINES, FL.
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	ALLER, SAM	42 NAME	
STREET ADDRESS	2040 NE 182 ST	43 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Richard J. Schultz RICHARD J. SCHULTZ 4/19/95 305-431-7821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #