
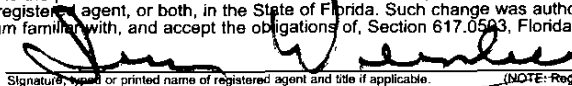


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90127 034 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 771063</b>					
1. Corporation Name <b>CHILD WELFARE #195, INC.</b>					
Principal Place of Business C/O SCHULTZ, RICHARD 2300 NE 121 ST N MIAMI BEACH FL 33160 US			Mailing Address % RICHARD SCHULTZ 945 NE 202 LANE PEMBROKE PINES FL 33029 US		
<b>IRWIN WEINBERG</b>			<b>IRWIN WEINBERG</b>		
2. Principal Place of Business 21 <b>4001 HILLCREST DR</b> Suite, Apt. #, etc. 22 <b>#1210</b> City & State 23 <b>HOLLYWOOD, FL</b> Zip 24 <b>33021</b> Country 25 <b>Broward</b>		2a. Mailing Address 26 <b>4001 HILLCREST DR</b> Suite, Apt. #, etc. 27 <b>#1210</b> City & State 28 <b>HOLLYWOOD, FL</b> Zip 29 <b>33021</b> Country 30 <b>Broward</b>		3. Date Incorporated or Qualified <b>11/02/1983</b> 4. FEI Number <b>59-2603020</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent SCHULTZ, RICHARD 945 NW 202 LANE PEMBROKE PINES FL 33029			10. Name and Address of New Registered Agent 81 Name <b>IRWIN WEINBERG</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4001 HILLCREST DR 1210</b> 83 <b>HOLLYWOOD</b> 84 City <b>FL</b> 85 Zip Code <b>33021</b>		
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  <b>1-14-99</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME <b>PD KATZMAN, JACK</b> STREET ADDRESS <b>418 MARINE DR</b> CITY-ST-ZIP <b>HALLANDALE FL</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>VD MILLER, LEWIS</b> STREET ADDRESS <b>1400 SW 124TH TERRACE</b> CITY-ST-ZIP <b>PEMBROKE PINES FL</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>TD SCHULTZ, RICHARD</b> STREET ADDRESS <b>945 NW 202 LANE</b> CITY-ST-ZIP <b>PEMBROKE PINES FL</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <b>ST-D IRWIN WEINBERG</b> 3.3 STREET ADDRESS <b>4001 HILLCREST DR 1210</b> 3.4 CITY-ST-ZIP <b>HOLLYWOOD FLA 33021</b>		
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>SD ALLER, SAM</b> STREET ADDRESS <b>9778 NICKELS BLVD #501</b> CITY-ST-ZIP <b>BOYNTON BCH FL</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <b>D MORRIS COHEN</b> 4.3 STREET ADDRESS <b>2627 NE 203rd ST #205</b> 4.4 CITY-ST-ZIP <b>N.M.B., FL 33180-1946</b>		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

 **1-14-99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/99** **954-986-0638**  
Date Daytime Phone #

CR2E037 (11/98)