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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

• CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N02774** (0)  
1. Corporation Name

**FLORIDA STATE B'NAI B'RITH SENIOR CITIZENS HOUSI  
NG CORPORATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**299 SW 3RD AVE. DEERFIELD BEACH FL 33441**

3. Date Incorporated or Qualified **04/26/1984** 3a. Date of Last Report **02/28/1994**  
4. FBI Number **59-2412944** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  \$0.75 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  
**HAHAMOVITCH, DONALD  
7770 WEST OAKLAND PARK BLVD  
SUITE 470  
FT. LAUDERDALE FL 33351**

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consulting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VPD</b>	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAHAMOVITCH, DONALD E.</b>	1 2 NAME	
STREET ADDRESS	<b>7770 W OAKLAND PARK BLVD</b>	1 3 STREET ADDRESS	
CITY - ST - ZIP	<b>SUNRISE FL</b>	1 4 CITY - ST - ZIP	
TITLE	<b>VP</b>	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KONIGSBURG, LEONARD</b>	2 2 NAME	
STREET ADDRESS	<b>1000 S. FEDERAL HWY #200</b>	2 3 STREET ADDRESS	
CITY - ST - ZIP	<b>DEERFIELD BEACH FL</b>	2 4 CITY - ST - ZIP	
TITLE	<b>D</b>	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWEBEL, ARTHUR</b>	3 2 NAME	
STREET ADDRESS	<b>5231 SW 18TH ST.</b>	3 3 STREET ADDRESS	
CITY - ST - ZIP	<b>PLANTATION FL</b>	3 4 CITY - ST - ZIP	
TITLE	<b>STD</b>	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FENTIN, ARTHUR</b>	4 2 NAME	
STREET ADDRESS	<b>9631 HARBOR LAKES CIRCLE</b>	4 3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOYNTON BEACH FL 33437</b>	4 4 CITY - ST - ZIP	
TITLE	<b>T</b>	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KINKER, LEONARD</b>	5 2 NAME	
STREET ADDRESS	<b>4710 NE 26 AVE</b>	5 3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL 33308</b>	5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 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 110.07(3)(k), 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: Arthur Fentin 4/10/95 305 4265577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**ARTHUR FENTIN**