

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

①

NONPROFIT CORPORATION
ANNUAL REPORT
1996

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

FILED

96 OCT 21 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NOC745

1. Corporation Name

SELF HELP FOR HARD OF HEARING PEOPLE IN
THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

C/O ROY YASEN
3518 DORA LANE
W. PALM BEACH FL
33417-3301

C/O ROY YASEN
3518 DORA LANE
W. PALM BEACH FL
33417-3301

3. Date Incorporated or Qualified

01/01/1985

3a. Date of Last Report

MAR 1995

4. FEI Number

59.2493372

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROY YASEN
3518 DORA LANE
W. PALM BEACH, FL. 33417-3301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/T/O
NAME DAVID GROSSBERG
STREET ADDRESS 3508 AMALFIE DR
CITY-ST-ZIP W. PALM BEACH, FL. 33417

☐ DELETE

TITLE V/D
NAME MORTON KAMMERMAN
STREET ADDRESS 388 CHATHAM S
CITY-ST-ZIP W. PALM BEACH, FL. 33417

☐ DELETE

TITLE S/D
NAME ROY YASEN
STREET ADDRESS 3518 DORA LANE
CITY-ST-ZIP W. PALM BEACH, FL. 33417

☐ DELETE

TITLE D
NAME BERNARD GOODSTEIN
STREET ADDRESS 1717 12 AV. S
CITY-ST-ZIP LAKE WORTH, FL. 33460

☐ DELETE

TITLE D
NAME SAMUEL HODES
STREET ADDRESS 3020 LUCERNE PARK DR
CITY-ST-ZIP LAKE WORTH, FL. 33467

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

000001986550--0
-10/25/96--01103--004

*****61.25 *****61.25

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy YASEN 6/8/96

561-686-8239

Date

Signature Phone #

CR2E037 (3/96)

SHHH

SELF HELP FOR HARD OF HEARING PEOPLE

SELF HELP FOR HARD OF HEARING PEOPLE IN THE PALM BEACHES, INC.

3518 Dora Lane

W. PALM BEACH, FL. 33417-3301

(561) 686 -8239 (voice)

June 15th, 1996

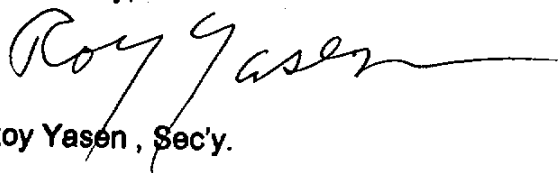
Florida Department of State
Annual Reports Section
Division of Corporations
Post Office Box 13900
Tallahassee, FL. 32317
Dear Sirs ;--

We are submitting the 1996 Nonprofit Corporation report with a check in the amount \$61.25 along with your preprinted form marked second notice.

Your first notice never arrived and I called your office to inquire the reason . Apparently you sent the forms to an improper address and they would have been returned to you as Mr .Arthur Horwitz ,8184 Winnetoesaukee Way , Lake Worth , FL. Has not been the Registered agent since 1994. Your records should show that Roy Yaseen formerly of 145 Lake Nancy Lane and presently of 3518 Dora Lane , W. Palm Beach , FL. 33417-3301 is the Registered Agent for the organization "Self Help for Hard of Hearing People in the Palm Beaches , Inc.

Please update your files to correspond to the correct information. We would also appreciate it if you could use the proper spelling of the directors and/or officers names.

Yours truly;



Roy Yaseen , Sec'y.