FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name N06745

(6)

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

Principal Place of Business Mailing Address												
% roy yasen 3518 dora lan	iE	3518 DORA LANE										
W. PALM BEACI US		W. PALM BEACH FL 33417-3301 US] 3	3. Date Incorporated or Qualified		ite of Last R				
03							01/01/1985		10/21/199	96		
	lace of Business	2a. Mailing Address				4	 FEI Number 59-2493372 			oplied For of Applicable		
21 Suite, Apt	#. etc.	Suite. Apt. #, etc.							Additional			
22		27				5	5. Certificate of Status Desired			equired		
City & State	₽	City & State			6	6. Election Campaign Financing		\$5.00				
23		28				Trust Fund Contribution		Added				
Zip 24	Country 25	Z _i p	Country 30			8	8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes					
24	9. Name and Address of Current		1901	T		10). Name and Address of New Re					
				81	Name							
YASEN, ROY				82 Street Address (P.O. Box Number is Not Acceptable)								
	RA LANE ALM BEACH FL 33417-3301		83									
WEST	ILM DEACH IL 33411-3301				012				12-1-7:-	Ö-1-		
				84	City			FL		Code		
11. Pursuant I	to the provisions of Sections 617 0502 egistered agent, or both, in the State	2 and 617.1508, Florida State of Florida, Such change was	ites, the a	above	named	corporati	ion submits this statement for the p	ourpose of	changing it	ts registered registered		
agent. La	m familiar with, and accept the obliga	itions of, Section 617.0503, F	florida Şta	itutes					ilds.	~		
SIGNATURE	Signature, typed or brighted name of registered age	SEC Roy YAS		art Ace	ni eionatura	near fred who	en reinstating)	DATE	771			
12.	OFFICERS AND		13.		iii signatura	redoneo will	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	RS IN 12		
TITLE	PTD	☐ DELETE		ITLE					Change	Addition		
NAME	GROSSBERG, DAVID		1.21	NAME	Ì							
STREET ADDRESS	3508 AMALFIE DRIVE		1.3 \$	STREET	ADDRESS							
CITY-ST-ZIP	W. PALM BEACH FL 33417			1.4 CITY-ST-ZIP								
DILE	VO	DELETE	2.11	TITLE		VD			Change	Addition		
NAME	KAMMERMAN, MORTON		2.21	NAME	l		1511 in 17					
STREET ADDRESS	388 CHATHAM S.		2.3 \$	2.3 STREET ADDRESS		210	PALM BCH, FL 3					
CITY - ST - ZIP	W. PALM BEACH FL 33417			2. 4 CITY - ST - ZIP		ω .	PALM BCH, FLS	3917				
TITLE	SD	DELETE	1	TI‡LE	l		•		Change	Addition		
NAME	YASEN, ROY		- 1	NAME]							
STREET ADDRESS	3518 DORA LANE		•		address							
CITY-ST-ZIP			34. CITY-ST-ZIP 4.1 TITLE					Change	Addition			
TITLE	OCCUPATING PEONADD	☐ Dett le	1		ļ				unange	LTI ¥000000}		
NAME	GOODSTEIN, BERNARD		- 1	NAME	4000con							
STREET ADDRESS	1717 12TH AVENUE \$. LAKE WORTH FL 33460		•		ADDRESS							
CITY-ST-ZIP	D LAKE WORTH PL 33460	DELETE		CITY-S' Title	1-211				Change	Addition		
NAME	HODESS, SAMUEL	orecit		NAME								
STREET ADDRESS	3020 LUCERNE PARK DR.				address							
CITY-ST-ZIP	LAKE WORTH FL 33467		- 1	CITY - S								
TITLE	242 370111112 00 101	DELETE		TITLE					Change	Addition		
NAME			6.2	NAME								
STREET ADDRESS			6.33	STREET	ADDRESS ,							
CITY-ST-ZIP			6.41	CITY-S	T-ZIP							
14. I do herel	by certify that the information supplied on indicated on this annual report or s	d with this filing does not qua	alify for the	е ехе	mption s	tated in S	Section 119.07(3)(i), Florida Statute	s. I further	r certify that	the		
l am an o	fficer or director of the corporation or	the receiver or trustee empo	owered to	exec	ute this r	eport as	required by Chapter 617, Florida S	Statutes; a	nd that my	name		
appears i	n block 12 or block 13 if changed, or	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:

FILED

Jan 17 1997 8:00am

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Secretary of State

Phone # 0038537