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Feb 05 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N06745 (6)

1. Corporation Name

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



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

01/01/1985

4. FEI Number

59-2493372

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

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

N/A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YASEN, ROY  
3518 DORA LANE  
WEST 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

*Roy Yasen* ROY YASEN

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD  
NAME GROSSBERG, DAVID  
STREET ADDRESS 3508 AMALFIE DRIVE  
CITY-ST-ZIP W. PALM BEACH FL 33417

☐ DELETE

TITLE VD  
NAME KAMMERMAN, MORTON  
STREET ADDRESS 210 WELLINGTON D  
CITY-ST-ZIP W. PALM BEACH FL

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE D  
NAME HODESS, SAMUEL  
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE: *Roy Yasen* ROY YASEN 1/5/98 (51)683-1483

CR2E037 (10/97)