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May 24, 1999 8:00 am
Secretary of State

05-24-1999 90021 004 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06745

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/01/1985

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

9. Name and Address of Current Registered Agent

**YASEN, ROY
3518 DORA LANE
WEST PALM BEACH FL 33417-3301**

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 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

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

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 2792 DONNELLY DR APT 161
5.4 CITY-ST-ZIP LANTANA FL 33462

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

ROY YASEN

1/3/99

561-606-8239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)