

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.)

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24239** (8)

1. Corporation Name

**HATIKVAH FAMILY, INC.**



Principal Place of Business

4180 CORAL SPRINGS DR.  
C/O YVONNE GINSBERG  
CORAL SPRINGS FL 33065  
US

Mailing Address

4180 CORAL SPRINGS DR.  
C/O YVONNE GINSBERG  
CORAL SPRINGS FL 33065  
US

3. Date Incorporated or Qualified

**01/06/1988**

3a. Date of Last Report

**03/09/1995**

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

4. FEI Number

**65-0381536**

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

9. Name and Address of Current Registered Agent

GINSBERG, YVONNE  
3121 NORTH 52ND AVENUE  
HOLLYWOOD FL 33021

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 **DS** ☐ DELETE

NAME **BINDER, ANNE-CO/WEISS**  
STREET ADDRESS **3774 INVERRARY BLVD., P302**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **DV** ☐ DELETE

NAME **FINKEL, SYDNEY**  
STREET ADDRESS **18081 BISCAYNE BLVD.**  
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE **D** ☐ DELETE

NAME **EISENBERG, MERYL**  
STREET ADDRESS **1400 N.E. 6TH ST.**  
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **D** ☐ DELETE

NAME **WETHERINGTON, GLORIA**  
STREET ADDRESS **3320 NE 18TH TERRACE**  
CITY-ST-ZIP **OAKLAND PARK FL**

TITLE **D** ☐ DELETE

NAME **ROSENSTEIN, EVELYN**  
STREET ADDRESS **4215 BUCHANAN STREET**  
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **DP** ☐ DELETE

NAME **GINSBERG, YVONNE**  
STREET ADDRESS **3121 N 52ND AVE**  
CITY-ST-ZIP **HOLLYWOOD FL**

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

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Yvonne Ginsberg* **YVONNE GINSBERG** **PRESIDENT**

**6/20/96**  
Date

**305 962-8113**  
Daytime Phone #

CR2E037 (3/96)