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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33065-2353
US**



3. Date Incorporated or Qualified **01/06/1988** 3a. Date of Last Report **07/08/1996**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GINSBERG, YVONNE
3121 NORTH 52ND AVENUE
HOLLYWOOD FL 33021**

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **EISENBERG, MERYL**
STREET ADDRESS **1400 N.E. 6TH ST.**
CITY-ST-ZIP **POMPAÑO BEACH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ROSENSTEIN, EVELYN**
STREET ADDRESS **4215 BUCHANAN STREET**
CITY-ST-ZIP **HOLLYWOOD FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

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 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **YVONNE GINSBERG Pres of Board MAY 1, 1997**

Date

Daytime Phone # 0022394

CR2E037 (9/96)