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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90003 036 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24239

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/06/1988
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0381536
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 <input type="checkbox"/> DELETE	1.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINDER, ANNE-CO/WEISS	1.2 NAME	Binder Anne
STREET ADDRESS	3774 INVERRARY BLVD., P302	1.3 STREET ADDRESS	8736 Escondido Way E.
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Boca Raton FL 33433
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINKEL, SYDNEY	2.2 NAME	Griffin, Joseph
STREET ADDRESS	18081 BISCAYNE BLVD.	2.3 STREET ADDRESS	1600 SW 9 Street
CITY-ST-ZIP	N MIAMI BEACH FL	2.4 CITY-ST-ZIP	Ft. Lauderdale FL 33312
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EISENBERG, MERYL	3.2 NAME	Cooper, Susan
STREET ADDRESS	1400 N.E. 6TH ST.	3.3 STREET ADDRESS	11550 S. Open Ct.
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	Cooper City FL 33026
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WETHERINGTON, GLORIA	4.2 NAME	Speigel, Annette % Binder
STREET ADDRESS	3320 NE 18TH TERRACE	4.3 STREET ADDRESS	8736 Escondido Way E.
CITY-ST-ZIP	OAKLAND PARK FL	4.4 CITY-ST-ZIP	Boca Raton FL 33433
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENSTEIN, EVELYN	5.2 NAME	
STREET ADDRESS	4215 BUCHANAN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINSBERG, YVONNE	6.2 NAME	
STREET ADDRESS	3121 N 52ND AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	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 YVONNE GINSBERG 3-11-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)