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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N32204 (2)

1. Corporation Name

SEPHARDIC-AMERICAN CLUB OF FLORIDA, INC.



Principal Place of Business

Mailing Address

IRVING YOUNG, DIRECTOR
6950 NORTHWEST 10TH PLACE
MARGATE FL 33063

IRVING YOUNG, DIRECTOR
6950 NORTHWEST 10TH PLACE
MARGATE FL 33063-2441

3. Date Incorporated or Qualified
05/10/1989

3a. Date of Last Report
02/01/1996

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

4. FEI Number
65-0088014

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

10. Name and Address of New Registered Agent

SROKA, LOUIS S.
% SACHS & SAX, P.A.
ABERN FINANCIAL CTR.#4150, 301 YAMATO RD.
BOCA RATON FL 33431

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	D	<input checked="" type="checkbox"/> DELETE
NAME	ROZAELES, JOE	
STREET ADDRESS	6075 KINGS GATE CIR/PLCE	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELIE, AL	
STREET ADDRESS	5777 B JARRETT DRIVE	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RACHNOWITZ, JACK	
STREET ADDRESS	1010 COUNTRY CLUB DR	
CITY-ST-ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	IRVING YOUNG	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	D	President		
1.3 STREET ADDRESS		6950 N.W. 10th Court		
1.4 CITY-ST-ZIP		MARGATE FL 33063		
2.1 TITLE	D	1st Vice-President	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	D	LOUIS SHALOM		
2.3 STREET ADDRESS		4332 N.W. 54th Street		
2.4 CITY-ST-ZIP		COCONUT CREEK FL 33073		
3.1 TITLE	D	JACK RACHNOWITZ	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	D	1010 Country Club Dr		
3.3 STREET ADDRESS	D	MARGATE FL		
3.4 CITY-ST-ZIP		33063		
4.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY-ST-ZIP				
5.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME				
5.3 STREET ADDRESS				
5.4 CITY-ST-ZIP				
6.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 002440

Irving Young President Jan 5-97 954 972-9052

CR2E037 (9/96)