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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N32204

Corporation Name
 SEPHARDIC-AMERICAN CLUB OF FLORIDA, INC.

Principal Place of Business: IRVING YOUNG, DIRECTOR, 6950 NORTHWEST 10TH PLACE, MARGATE FL 33063
 Mailing Address: IRVING YOUNG, DIRECTOR, 6950 NORTHWEST 10TH PLACE, MARGATE FL 33063

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/10/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0088014	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing/Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/> \$5.00 May Be Added to Fees	

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			

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 _____ DATE _____
 Signature, typ or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	LOUISE SHALOM PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	YOUNG, IRVING		1.2 NAME	4332 NW 54th St	
STREET ADDRESS	6950 NW 10 CT		1.3 STREET ADDRESS	COCONUT CREEK	PRESIDENT
CITY-ST-ZIP	MARGATE FL		1.4 CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SHALOM, LOUISE		2.2 NAME	Rose BUELISON	VICE PRES.
STREET ADDRESS	4332 NW 54 ST		2.3 STREET ADDRESS	5265 ASHMON CIRCLE	
CITY-ST-ZIP	COCONUT CREEK FL		2.4 CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	MORRIS JACK FEUERMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	RACHNOWITZ, NACK	Secretary	3.2 NAME		TREAS
STREET ADDRESS	1010 COUNTY CLUB DR		3.3 STREET ADDRESS	1408 CAMPANELLO DR	
CITY-ST-ZIP	MARGATE FL		3.4 CITY-ST-ZIP	DELRAY BEACH FL 33426	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: _____ DATE: 4/29/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR