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Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N42193 (5)  
1. Corporation Name  
POST POLIO SYNDROME SUPPORT GROUP OF GREATER FOR T LAUDERDALE, INC.



Principal Place of Business: 3208 CARMABOLA CIR. #C2909 SOUTH COCONUT CREEK FL 33066  
Mailing Address: 3208 CARMABOLA CIR. #C2909 SOUTH COCONUT CREEK FL 33066

3. Date Incorporated or Qualified: 02/20/1991  
4. FEI Number: 65-0254465  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 5969 NW 21 ST. Suite, Apt. #, etc.  
2a. Mailing Address: 26 5969 NW 21 ST. Suite, Apt. #, etc.  
23. City & State: LAUDERHILL FL  
24. Zip: 33313  
25. Country: U.S.A.  
27. City & State: LAUDERHILL, FL  
29. Zip: 33313  
30. Country: U.S.A.

9. Name and Address of Current Registered Agent: GOLDBERG, JULIUS 10310 E. CLAIRMONT CIR. TAMARAC FL 33381

10. Name and Address of New Registered Agent: 81 Name: DORINE SHIRINIAN SPIEGEL  
82 Street Address (P.O. Box Number is Not Acceptable): 5969 NW 21 ST.  
83  
84 City: LAUDERHILL FL 85 Zip Code: 33313

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: *Dorine Shirinian Spiegel* DATE: 2/8/98

12. OFFICERS AND DIRECTORS

TITLE	D/D	<input checked="" type="checkbox"/> DELETE
NAME	GOLDBERG, JULIUS	
STREET ADDRESS	10310 E. CLAIRMONT CIR.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	FORD, PAT	
STREET ADDRESS	3012 SW 51 ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V/P	<input checked="" type="checkbox"/> DELETE
NAME	BEHLER, EUNICE	
STREET ADDRESS	1791 NW 60TH AVE.	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BRUDO, DOROTHY	
STREET ADDRESS	10368 NW 24 PL	
CITY-ST-ZIP	SUNRISE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BRUDO, EMANUEL	
STREET ADDRESS	10368 NW 24 PL	
CITY-ST-ZIP	SUNRISE FL 33321	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREIVOGEL, PAULA	
STREET ADDRESS	111216 SPRING CIRCLE AVE.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P/D EUNICE BIHLER	
1.3 STREET ADDRESS	9580 WELDON CIRCLE	
1.4 CITY-ST-ZIP	TAMARAC FL 33321	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PAT FORD	
2.3 STREET ADDRESS	P.O. BOX 15824 (N/A)	
2.4 CITY-ST-ZIP	PLANTATION, FL 33318	
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EMANUEL BRUDO	
3.3 STREET ADDRESS	10368 NW 24 PLACE	
3.4 CITY-ST-ZIP	SUNRISE, FL 33321	
4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RUTH LIEB	
4.3 STREET ADDRESS	900 NE 18 AVE (708)	
4.4 CITY-ST-ZIP	FT. LAUD. FL 33304	
5.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DORINE SHIRINIAN SPIEGEL	
5.3 STREET ADDRESS	5969 NW 21 ST.	
5.4 CITY-ST-ZIP	LAUDERHILL FL 33313	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FREIVOGEL, PAULA	
6.3 STREET ADDRESS	11216 SPRING CIRCLE AVE	
6.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071	

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.

SIGNATURE: *Dorine Shirinian Spiegel* DATE: 2/8/98 954-484-4806

CR2E037 (10/97)