

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N42249 (5)

1. Corporation Name
FEDERATION HOLDINGS, INC.



Principal Place of Business: **8358 W OAKLAND PARK BLVD FT LAUDERDALE FL 33351**
 Mailing Address: **8358 W OAKLAND PARK BLVD FT LAUDERDALE FL 33351**

3. Date Incorporated or Qualified: **02/26/1991**
 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **65-0245073**
 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

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**BERNARD SHARKEY ASSOC
 FEDERATION GARDENS
 5010 NOB HILL RD
 SUNRISE FL 33351**

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City
 B5 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | WASCH, MICHELLE | |
| STREET ADDRESS | 21449 FAIRFIELD LANE | |
| CITY - ST - ZIP | BOCA RATON FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CANTOR, DANIEL D | |
| STREET ADDRESS | 8411 LAGOS DE CAMPO BLVD | |
| CITY - ST - ZIP | TAMARAC FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SCHULMAN, SOL | |
| STREET ADDRESS | 4410 KING PALM DR | |
| CITY - ST - ZIP | TAMARAC FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | FINKELSTEIN, RICHARD | |
| STREET ADDRESS | 2520 LAGUANA DRIVE | |
| CITY - ST - ZIP | FT. LAUDERDALE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|--------------------------|--|
| 1.1 TITLE | DIRECTOR / Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | GARY RUBIN | |
| 1.3 STREET ADDRESS | 90 JUNIPER Rd. | |
| 1.4 CITY - ST - ZIP | Hollywood, FL 33021 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | PRESIDENT / DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Charlotte PADEK | |
| 4.3 STREET ADDRESS | 460 BONAVENTURE BLVD | |
| 4.4 CITY - ST - ZIP | FT. LAUDERDALE, FL 33326 | |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Charlotte Padek* 8/7/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 8/7/96
 Daytime Phone #: 954-748-8400

CR2E037 (3/96)