

FILE NOW: FILING FEE IS \$61.25

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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
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DOCUMENT # N42249

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/26/1991
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0245073
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

RUBIN, GARY N
 8358 W OAKLAND PARK BLVD
 5010 NOB HILL RD
 FT LAUDERDALE FL 33351

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed 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 12	
TITLE	DS RUBIN, GARY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	90 JUNIPER ROAD	1.2 NAME	
STREET ADDRESS	HOLLYWOOD FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D CANTOR, DANIEL D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8411 LAGOS DE CAMPO BLVD	2.2 NAME	
STREET ADDRESS	TAMARAC FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D SCHULMAN, SOL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4410 KING PALM DR	3.2 NAME	
STREET ADDRESS	TAMARAC FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD LIVINGSTON, PETER	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3110 NORTH 52 AVE	4.2 NAME	
STREET ADDRESS	HOLLYWOOD FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 and all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/25/99 954-748-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)