

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N46616 (1)
1. Corporation Name
NATIONAL FEDERATION OF HUNGARIAN AMERICANS INC.



Principal Place of Business
**3750 GALT OCEAN DRIVE
#406
FT. LAUDERALE FL 33308**

Mailing Address
**3750 GALT OCEAN DRIVE
#406
FT. LAUDERALE FL 33308**

3. Date Incorporated or Qualified
12/23/1991

3a. Date of Last Report
04/21/1995

2. Principal Place of Business 21 3900 N OCEAN DRIVE Suite, Apt. #, etc. 22 11A City & State 23 LAUDERDALE-BY-THE-SEA FL Zip 24 33308		2a. Mailing Address 26 3900 N OCEAN DR Suite, Apt. #, etc. 27 11A City & State 28 LAUDERDALE-BY-THE-SEA FL Zip 29 33308		4. FEI Number 65-0313241		Applied For <input type="checkbox"/> Not Applicable	
Country 25 USA		Country 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**DI LASCIO, RUDOLPH M. JR
5798 JOHNSON STREET
HOLLYWOOD FL 33021**

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 *Dr. Alfonz Lengyel* **DR. ALFONZ LENGYEL** **3/9/96**

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAYDU, GEORGE K.	
STREET ADDRESS	3750 GALT OCEAN DR #406	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	TVPD	<input type="checkbox"/> DELETE
NAME	SZARKA, LOUIS J	
STREET ADDRESS	666 GERMANTOWN PK (B-106)	
CITY - ST - ZIP	PLYMOUTH MEETING PA 19462	
TITLE	SVPDy	<input type="checkbox"/> DELETE
NAME	LENGEL, DR. ALFONZ	
STREET ADDRESS	1522-SCHOOLHOUSE DR	
CITY - ST - ZIP	AMBLER PA 19002	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<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 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: *Dr. Alfonz Lengyel* **DR. ALFONZ LENGYEL** **3/9/96** **215-699-6448**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)