

07201999-90003-005-\$61.25-\$61.25

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$238.25).

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90003 005 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N46910</b>			
<b>1. Corporation Name</b> <b>SHALOM HOUSE, INC.</b>			
<b>Principal Place of Business</b> 1251 SW 66 TERR PLANTATION FL 33317 US		<b>Mailing Address</b> 1251 SW 66 TERR PLANTATION FL 33317 US	

603031 - 90011 - 4



<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> 01/21/1992	
<b>4. FEI Number</b> 65-0318693		<b>Applied For</b> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Trust Fund Contribution</b> <input type="checkbox"/>			

<b>9. Name and Address of Current Registered Agent</b> COHN, L. JERRY 4300 N UNIVERSITY DR SUITE B-104 LAUDERHILL, FL 33351		<b>10. Name and Address of New Registered Agent</b> 81 Name <b>DAVID A. CHERKIN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8551 WEST SUNRISE BLVD</b> 83 84 City <b>PLANTATION</b> <b>FL</b> 85 Zip Code <b>33322</b>	
---	--	---	--

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 *[Signature]* DATE *8/3/99*

Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMER, ALAN	1.2 NAME	
STREET ADDRESS	2755 NW 92ND AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, ERIKA	2.2 NAME	
STREET ADDRESS	4898 NW 29TH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OZER, SONORA	3.2 NAME	
STREET ADDRESS	8871 WILES RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, ESTELLE	4.2 NAME	
STREET ADDRESS	1510 WHITEHALL DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VORENSKY, NORMAN	5.2 NAME	
STREET ADDRESS	7930 NW 10TH CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, JUDITH	6.2 NAME	
STREET ADDRESS	8282 NW 36TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	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: *Norman Vorensky*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *7/10/99* Daytime Phone # *954-370-3574*

CR2E037 (5/99)