

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 # N93000001332 (6)

1. Corporation Name

FREED-HURWITZ MEMORIAL FUND, INC.



Principal Place of Business

5364 N.W. 37 AVENUE  
FT. LAUDERDALE FL 33309

Mailing Address

5364 N.W. 37 AVENUE  
FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified

03/22/1993

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 3800 HILLCREST DR.

26 3800 HILLCREST DR.

4. FEI Number

65-0397584

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 APT. 502

27 APT. 502

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 City & State

28 City & State

23 HOLLYWOOD FL

28 HOLLYWOOD FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip

Country

29 Zip

Country

24 33021

25

29 33021

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HURWITZ, HIGH

5364 N.W. 37 AVENUE — 3800 HILLCREST DR. APT. 502  
FT. LAUDERDALE FL 33309 — HOLLYWOOD, FL 33021

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

*High Hurwitz*

HIGH HURWITZ

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 ☐ DELETE

D  
NAME HURWITZ, HIGH  
STREET ADDRESS 5364 NW 37 AVENUE  
CITY - ST - ZIP FT. LAUDERDALE FL 33309

TITLE ☐ DELETE

D  
NAME HURWITZ, JANET  
STREET ADDRESS 5364 NW 37 AVENUE  
CITY - ST - ZIP FT. LAUDERDALE FL 33309

TITLE ☐ DELETE

T  
NAME BRILLIANT, BENJAMIN  
STREET ADDRESS 1060 NW 80TH AVE  
CITY - ST - ZIP MARGATE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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:

*High Hurwitz*

HIGH HURWITZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)