


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N93000003832 (3)**

1. Corporation Name

**H.F.W.B. CHARITY GROUP, INC.**



Principal Place of Business	Mailing Address
7433 N.E. 8TH TERRANCE BOCA RATON FL 33487 US	7433 N.E. 8TH TERRACE BOCA RTON FL 33487 US

3. Date Incorporated or Qualified	
08/08/1993	
4. FEI Number	Applied For
65-0440265	Not Applicable

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent	
VOGEL, THOMAS A 334 NE 3RD COURT BOCA RATON FL 33432	

10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when relating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	VOGEL, THOMAS A
STREET ADDRESS	7433 NE 8TH TERRACE
CITY-ST-ZIP	BOCA RATON FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	BEHM, JENNIFER
STREET ADDRESS	810 SW 2ND ST.
CITY-ST-ZIP	BOCA RATON FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	GOODCHILD, BRAD
STREET ADDRESS	227 N.E. 7TH STREET
CITY-ST-ZIP	BOCA RATON FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	REILLY, KELLY
STREET ADDRESS	843 SW 3RD ST.
CITY-ST-ZIP	BOCA RATON 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	<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 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.

SIGNATURE: \_\_\_\_\_ 2/25/98 5:11 PM 9213

CR2E037 (10/97)