

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000005195 (3)

1. Corporation Name

FIRST SHOMRIM OF FLORIDA, INC.



Principal Place of Business

Mailing Address

% HARRY SHUMAN
6071 NW 61ST AVE
TAMARAC FL 33319

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6071 NW 61ST AVE
TAMARAC FL 33319

3. Date Incorporated or Qualified
11/12/1993

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0451903

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

SHUMAN, HARRY
6071 NW 61ST AVE
TAMARAC FL 33319

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
DP	KRAUSS, LEON	7205 NW 5TH PL	MARGATE FL 33063	<input type="checkbox"/>
DV	SHATZER, SIDNEY	1400 TALLWOOD AVE	HOLLYWOOD FL 33021	<input type="checkbox"/>
DS	ABRAMOWITZ, EMANUEL	7309 S DEVON DR	TAMARAC FL 33321	<input type="checkbox"/>
DT	SHUMAN, HARRY	6071 NW 61ST AVE	TAMARAC FL 33319	<input type="checkbox"/>
DS	LEVINE, HARRY	2901 NW 48TH AVE	LAUDERDALE LAKES FL 33319	<input type="checkbox"/>
D	ROSENTHAL, HAROLD	2551 NW 103RD AVE	SUNRISE FL	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			SAME	<input type="checkbox"/>	<input type="checkbox"/>
			SAME	<input type="checkbox"/>	<input type="checkbox"/>
			SAME	<input type="checkbox"/>	<input type="checkbox"/>
			SAME	<input type="checkbox"/>	<input type="checkbox"/>
			SAME	<input type="checkbox"/>	<input type="checkbox"/>
			SAME	<input type="checkbox"/>	<input type="checkbox"/>

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry Shuman

Date

2/1/96

Daytime Phone #

(305) 722-0249

CR2E037 (12/95)