## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 27 1997 8:00am

Secretary of State

3a. Date of Last Report 02/07/1996

(954) 722-024

Applied For

Not Applicable

3. Date Incorporated or Qualified 11/12/1993

4. FEI Number 65-045 1903

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT #

Principal Place of Business

2. Principal Place of Business

SIGNATURE:

% HARRY SHUMAN

6071 NW 61ST AVE

TAMARAC FL 33319

## N93000005195 (3)

26

Mailing Address

% HARRY SHUMAN

6071 NW 61ST AVE TAMARAC FL 33319-6282

2a. Mailing Address

FIRST SHOMRIM OF FLORIDA, INC.

Suite, Apt.	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 A		
		27				Fee Re	<u></u>	
City & State	/ & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zip	Country Zip		Countr	7	8. This corporation has liability for intai		199.032,	
4 25 29 30			30					
	9. Name and Address of Curren	t Registered Agent	1-2		10. Name and Address of New Regist	ered Agent		
			81	Name			1	
SHUMAN, HARRY 6071 NW 61ST AVE TAMARAC FL 33319				82 Street Address (P.O. Box Number is Not Acceptable)				
							84	City
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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.								
SIGNATURE								
Signature type of or protect care of registered agent and title if applicable (NOTE Registered Agent signature required when rainstating) DATE							C IN 10	
12.			13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR  Change	S IN 12 Addition	
TITLE	DP DELETE		1.1 TITLE			Cuange	[] ACUITION	
NAME	KRAUSS, LEON		1.2 NAME		e e			
STREET ADDRESS	AAADOATE EL GOGGO			T ADDRESS				
CITY - S1 - ZIP	MARGATE FL 33063		1.4 CITY-ST-ZIP			Change	T databas	
TITLE	DV	☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME	SHATZER, SIDNEY		2.2 NAME		**	C <sub>a</sub> s		
STREET ADDRESS	1400 TALLWOOD AVE		2.3 STREET ADDRESS					
CITY - \$1 - 7/P	HOLLYWOOD FL 33021	DELETE	2. 4 CITY	ST-ZIP		Channa	Addition	
TITLE			3.1 TITLE			Change	L.J. Abaition	
NAME	ABRAMOWITZ, EMANUEL		3.2 NAME					
STREET ADDRESS	7309 S DEVON DR		•	T ADDRESS				
CITY - S1 - ZIP	TAMARAC FL 33321	T or or	3.4 CITY	ST-ZIP		T Channe	1 1 4 0 1 1	
TITLE	DT CHURAN HADDY	☐ DELETE	4.1 TITLE			Change	Addition	
NAME	SHUMAN, HARRY		4. 2 NAM6					
STREET ADDRESS	6071 NW 61ST AVE			T ADDRESS				
CHY-ST-ZIP	TAMARAC FL 33319  DS DELETE		4.4 CITY-	ST-ZIP		Chanca	Addition	
Trille	DS	☐ DELETE	51 TITLE	- 1		Change	Addition	
NAME	LEVINE, HARRY		5 2 NAME	į į				
STHEET ADDRESS	2901 NW 48TH AVE	<b>1</b> 0		T ADDRESS				
CITY-\$1-7IP	LAUDERDALE LAKES FL 333		5.4 CITY-	ST-ZIP		Chases	Addition	
TITLE	DOCUMENTAL HADOLD	☐ DELETE	61 TITLE			Change	Addition	
NAME	ROSENTHAL, HAROLD		6.2 NAME					
STREET ADDRESS	2551 NW 103RD AVE			T ADDRESS				
CITY-ST-7/P	SUNRISE FL	d . (th this filing does not - ofth	64 CITY-	ST-ZIP	din Castas 110 07/2V/) Florida Clat.	& alban and the start	th o	
14. I do 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 purpose empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name								