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NONPROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS **DOCUMENT #** N93000005195 (3)

FILED Feb 06 1998 8:00am Secretary of State

1. Corporation	n Name		,	1				
FIRST SHOMRIM OF FLORIDA, INC.								
				ĺ				
Principal Plac	a of Business	Mailing Address	· 					
% HARRY SHUMAN					3. Date Incorporated or Qualified			
TAMARAG FL 3		_	11/12/1993					
				1	4. FEI Number		oplied For	
2. Principal P	<u> </u>		65-0451903	40	lot Applicable			
2. Principal Place of Business 2a. Mailing Address 25				5. Certificate of Status Desired		Additional Required		
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing	\$5.00		
22 27					Trust Fund Contribution	Added Added		
City & State City & State					7. Is this nonprofit corporation a ho		on?	
Zip	Country	28	Country			Yes No		
24	25	29	30	1	 This corporation owes or has pail Personal Property Tax due June 		ntangible	
	9. Name and Address of Currer		1301	-	10. Name and Address of New Re			
			81 Name	е				
SHUMAN, HARRY				t Address	(P.O. Box Number is Not Acceptab	le)		
6071 NV			or i con normalia i a not no capita					
TAMARA	83							
			84 City			85 Zip	Code	
11. Pursuant i	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 617.1508, Florida Statu e of Florida. Such change was	ites, the above-name authorized by the co	d corpora orporation'	ition submits this statement for the pi is board of directors. I hereby accep	urpose of changing at the appointment a	its registered s registered	
agent. La	m familiar with, and accept the oblig	ations of, Section 617.0503, F	lorida Statutes.	•	•		_	
SIGNATURE_	Signature, typed or printed name of registered agr	ent and title if applicable. (NC	TE: Registered Agent signatu	ire required w	hen reitstating)	DATE	 [,	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	4	BROHOWITZ EA 309 SDEVOND JUARACFL 33	Change Change	☐ Addition	
NAME [KRAUSS, LEON		1.2 NAME		- a C NEVON A	P 001	in to A	
STREET ACORESS	7205 NW 5TH PL		1.3 STREET ADDRESS	1 73	30 9 8 12 12 1	CAN	The same of the sa	
CITY-ST-ZIP	MARGATE FL 33063	DELETE	1.4 CITY-ST-ZIP	1/4	JUANACTI 33	5 1 / Change	Addition	
TITLE	DV OILLES	☐ DETE!E	2.1 TITLE	1 ′		L_1 Change		
NAME	SHATZER, SIDNEY		2.2 NAME					
STREET ADDRESS CITY-ST-ZIP	1400 TALLWOOD AVE HOLLYWOOD FL 33021		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP	· }			1	
TITLE	DS	DELETE	3.1 TITLE	 		Change	Addition	
NAME	ABRAMOWITZ, EMANUEL		3.2 NAME					
STREET ADDRESS	7309 S DEVON DR		3.3 STREET ADDRESS	;				
CITY-ST-ZIP	TAMARAC FL 33321		3,4, CITY-ST-ZIP				ĺ	
TITLE	DT	DELETE	4.1 TITLE			Change	Addition	
NAME	SHUMAN, HARRY		4. 2 NAME				J	
STREET ADDRESS	6071 NW 61ST AVE		4.3 STREET ADDRESS	;				
CITY-ST-ZIP	TAMARAC FL 33319		4.4 CITY - ST - ZIP		·			
TITLE	DS	DELETE	5.1 TITLE	J		Change	Addition	
NAME	LEVINE, HARRY		5.2 NAME	ţ				
STREET ADDRESS	2901 NW 48TH AVE		5.3 STREET ADDRESS					
CITY-ST-ZIP	LAUDERDALE LAKES FL 333	19 DELETE	5.4 CITY-ST-ZIP	100	and the property and	Change	Addition	
TITLE	DOCUMENT HADOLD	וון הברבוב	6.1 TITLE	ttAK	CAMBRID & E	A DEL-CHANGE	1 ACCURCE	
NAME	ROSENTHAL, HAROLD		6.2 NAME	11/2	COR OF O BCH. OF	3344)_		

14. I hereby certify that the information supplied with this filling 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 employed 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 addings.