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May 24, 1999 8:00 am
Secretary of State

05-24-1999 90027 046 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N93000005195**
 1. Corporation Name
1ST SHOMRIM OF FLORIDA

Principal Place of Business Mailing Address
40 HARRY SHUMAN
700 SW 137 AVE. #309
PEMBROKE PINES, FL 33027
HARRY SHUMAN

21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	26	11-12-93
23	City & State	27	4. FEI Number
24	Zip	28	65-0451903
25	Country	29	Applied For
30	Country	30	Not Applicable
23		5. Certificate of Status Desired <input type="checkbox"/>	
24		\$8.75 Additional Fee Required.	
25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HARRY SHUMAN		81	Name
700 SW 137 AVE #309		82	Street Address (P.O. Box Number is Not Acceptable)
PEMBROKE PINES, FL. 33027		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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON KRAUSS	1.2 NAME	
STREET ADDRESS	2602 NW 103 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL. 33322 D	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH SOBEL	2.2 NAME	
STREET ADDRESS	8605 NW 59 PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL. 33321 T	2.4 CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY SHUMAN	3.2 NAME	
STREET ADDRESS	700 SW 137 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33027	3.4 CITY-ST-ZIP	
TITLE	FINANCIAL SECRETARY <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMANUEL ABRODOWITZ	4.2 NAME	
STREET ADDRESS	7309 SOUTH DEVON DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL. 33321 D	4.4 CITY-ST-ZIP	
TITLE	RECORDING SECRETARY <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY LEVINE	5.2 NAME	
STREET ADDRESS	7050 NW 44 ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL, FL. 33319 D	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowers.

SIGNATURE: **HARRY SHUMAN** Harry Shuman 5/20/99 (954) 442-4638
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)