## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

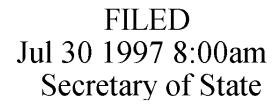
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600000256 (5)

HESED, INC.

Principal	Place	of	Business
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Mailing Address





2851 STIRLING FT. LAUDERDAL	ILING ROAD  ERDALE FL 33312  2851 STIRLING ROAD  FT. LAUDERDALE FL 33312			DO NOT WRITE IN THIS SPACE									
							3. Date Incorporated or Qualified 01/25/1993		te of Last Report 03/18/1996				
2. Principal P	Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For					
21 26						65-0404304		Not Applicable					
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State	City & State City & State							Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip	<u> </u>	Country	$\perp$	Zip Country				8. This corporation owes or has paid the current year intangible					
24	<u> </u>		29 30					Personal Property Tax due June 30. Yes No					
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     Name													
						1 Name							
MULCAHY, SEAN C 2851 STIRLING ROAD					82	Street Add	Address (P.O. Box Number is Not Acceptable)						
FT. LAUD	DERDALE FL	33312				83					ĺ		
						84	City		FL		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 AN	D DIRE	CTORS	13			ADDITIONS/CHANGES TO OFFIC	ERS AND (	DIRECTO	RS IN 12		
TITLE	DP			☐ DELETE	1.1	TITLE				Change	☐ Addition		
NAME :	MULCAHY	•			1.2	NAME							
STREET ADDRESS				STREET	ADDRESS								
CITY-ST-ZIP		ERDALE FL 33312				CITY-S	T- ZIP			_			
TITLE	DV	150		☐ DELETE		TITLE			L	Change	Addition		
NAME	KERR, JAMES			2.2 NAME									
STREET ADDRESS					2.3 STREET ADDRESS								
CITY-ST-ZIP	STD	ERDALE FL 33312		☐ DELETE		CITY-S	ST-ZIP			Channe	A platition		
TITLE		NAME M		DELETE		TITLE				Change	Addition		
NAME expect apopted	WRAD, SY	LING ROAD				NAME	ADDDCCC						
STREET ADDRESS		ERDALE FL 33312					ADDRESS				l		
CITY-ST-ZIP TITLE	11.000			DELETE	_	CITY-S	n-zir			Change	Addition		
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NAME				_		NAME			_				
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I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.