

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N96000003353 (7)

1. Corporation Name
JULES GERSON AND HARRIETTE R. SCHECTER CHARITABLE FOUNDATION, INC.



Principal Place of Business Mailing Address
1140 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154

3. Date Incorporated or Qualified
06/21/1996
4. FEI Number
65-0676212
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
BARASH, A J
1140 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent
81 Name
ARNOLD Schimmel
82 Street Address (P.O. Box Number is Not Acceptable)
1201 So Ocean Drive
83 Apt 1201 North
84 City Hollywood FL 85 Zip Code 33019

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 *Arnold Schimmel* DATE 1/16/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	GERSON, JULES	
STREET ADDRESS	10155 COLLINS AVE. APT 1809	
CITY-ST-ZIP	BAL HARBOR FL 33154	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SCHECTER, HARRIETTE R	
STREET ADDRESS	180 E 79TH ST	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHECTER, SUZANNE R	
STREET ADDRESS	180 E. 79TH STREET	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHECTER, JULIANNE	
STREET ADDRESS	180 E. 79TH STREET	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000002403960
5.3 STREET ADDRESS	-01/16/98--01117--027
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Jules Gerson*

CR2E037 (10/97)

AW
1-16