

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001089 (8)**

1. Corporation Name

CHAI FOR CHILDREN, INC.



Principal Place of Business 6805 NORTHWEST 75TH PLACE PARKLAND FL 33067	Mailing Address 6805 NORTHWEST 75TH PLACE PARKLAND FL 33067
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3. Date Incorporated or Qualified 02/26/1997
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4. FEI Number 65-0738711	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 SAA	2a. Mailing Address 28 SAA
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

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

9. Name and Address of Current Registered Agent SALOMAN, SCOTT A 2417 UNIVERSITY DRIVE CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent
81 Name DIANE WEISSMAN
82 Street Address (P.O. Box Number is Not Acceptable)
83 6605 NW 75 PL
84 City Parkland FL 85 Zip Code 33067

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 *Diane Weissman* DATE **1/22/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	President Diane Weissman
STREET ADDRESS	6605 NW 75 PL
CITY-ST-ZIP	PARKLAND FL 33067
TITLE	<input type="checkbox"/> DELETE
NAME	Treasurer Suzanne Berkovits
STREET ADDRESS	621 NW 102 AVE
CITY-ST-ZIP	Coral Springs FL 33071
TITLE	<input type="checkbox"/> DELETE
NAME	Recording Sec. Jandee Spiegelman
STREET ADDRESS	6660 NW 75 PL
CITY-ST-ZIP	Parkland FL 33067
TITLE	<input type="checkbox"/> DELETE
NAME	Corresponding Sec. Shelley Saperstein
STREET ADDRESS	11085 SW 1 Street
CITY-ST-ZIP	Coral Springs FL 33071
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	000002460610
6.3 STREET ADDRESS	-03/18/98--01039--013
6.4 CITY-ST-ZIP	***61.25

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 *Diane Weissman* DATE **1/22/98** **954-341-4000**

CR2E037 (10/97)