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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # N97000004796

1. Corporation Name
FIRST STEKACHINOR SICK & BENEVOLENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1847 N.W. 127TH AVENUE PEMBROKE PINES FL 33028	1847 N.W. 127TH AVENUE PEMBROKE PINES FL 33028

2. Principal Place of Business	2a. Mailing Address	
21	26	3. Date Incorporated or Qualified 08/22/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0794368 — Applied For / Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired X — $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOSHAK, HOWARD 1847 N.W. 127TH AVENUE PEMBROKE PINES FL 33028	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	FSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOSHAK, HOWARD S.		1.2 NAME		
STREET ADDRESS	1847 NW 127TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33208		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HENDLER, MURRAY		2.2 NAME		
STREET ADDRESS	7204 ASHFORD LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOSHAK, HARRIS		3.2 NAME		
STREET ADDRESS	225 E. WOODSIDE AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PATCHOGUE NY 11772		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KANER, MURRAY		4.2 NAME		
STREET ADDRESS	30 STONER AVE APT. 2F		4.3 STREET ADDRESS		
CITY-ST-ZIP	GREAT NECK NY 11021		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	TRUSTEE = T	☒ Change ☒ Addition
NAME			5.2 NAME	ILENE A BOSHAK	
STREET ADDRESS			5.3 STREET ADDRESS	1847 NW 127th AVE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	PEMBROKE PINES, FL. 33028	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 empowered.

SIGNATURE: Howard Boshak 4/13/99 (954) 441-6106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)