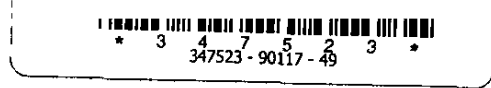


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90117 049 ****70.00

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 1847 N.W. 127TH AVENUE PEMBROKE PINES FL 33028			Mailing Address 1847 N.W. 127TH AVENUE PEMBROKE PINES FL 33028		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/22/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0794368	
24 Country		29 Country		30 Country	
5. Certificate of Status Desired				☒ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution				☐	

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			
				85 Zip Code			
				FL			

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 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 33028			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	☒ Change ☒ Addition		
NAME				5.2 NAME	TRUSTEE = T ILENE A BOSHAK 1847 NW 127TH AVE PEMBROKE PINES, FL 33028		
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Howard S. Boshak

4/13/99 (954) 441-6106

CR2E037 (11/98)