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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # 762415 (8)

1. Corporation Name  
**THE SHALOM FOUNDATION INCORPORATED**



Principal Place of Business Mailing Address

~~627 COCONUT ISLE FT. LAUDERDALE FL 33301~~ ~~527 COCONUT ISLE FT. LAUDERDALE FL 33301~~

3. Date Incorporated or Qualified  
**03/15/1982**

4. FEI Number  
**59-2184354**

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

2. Principal Place of Business 2a. Mailing Address

21 **3101 N.E. 46th St.** 26 **3101 NE 46th St.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **FT. LAUDERDALE** 27 **FT. LAUDERDALE**

City & State City & State

23 **FT. LAUDERDALE** 28 **FT. LAUDERDALE**

Zip Country Zip Country

24 **33308** 25 **BRWD.** 29 **33308** 30 **BRWD.**

9. Name and Address of Current Registered Agent

**PERITZ, RICHARD**  
~~527 COCONUT ISLE FT. LAUDERDALE FL 33301~~

10. Name and Address of New Registered Agent

81 Name **PERITZ, RICHARD**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3101 NE 46th St.**

83 **200002553292-8**  
**-06/09/98--01072--005**

84 City **FT. LD.** **FL** **33308**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>PERITZ, RICHARD C</b>	
STREET ADDRESS	<del>527 COCONUT ISLE FT. LAUDERDALE FL 33301</del>	
CITY-ST-ZIP	<del>FT. LAUDERDALE FL 33301</del>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>TORCHIN, DAVID</b>	
STREET ADDRESS	<b>8211 W. BROWARD BLVD.</b>	
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PERITZ, NOOMI</b>	
STREET ADDRESS	<b>6200 NW 48TH ST.</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL</b>	
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	<b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PERITZ, RICHARD C</b>	
1.3 STREET ADDRESS	<b>3101 N.E. 46th St.</b>	
1.4 CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>	
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	<b>200002553292-8</b>	
3.3 STREET ADDRESS	<b>-07/01/98--01097--002</b>	
3.4 CITY-ST-ZIP	<b>*****50.00 *****50.00</b>	
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		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**8/6/30**

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.

CFR2E037 (10/97)