

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 7:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P29884** (4)

1. Corporation Name
52 ASSOCIATION FOR THE HANDICAPPED, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
ONE LIBERTY PLAZA STE - 2922 NEW YORK NY 10006 US		ONE LIBERTY PLAZA STE - 2922 NEW YORK NY 10006 US	
2. Principal Place of Business	2a. Mailing Address		
21. SAME AS ABOVE	26. SAME AS ABOVE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip Country		28. Zip Country	
24. Zip	25. Country	29. Zip	30. Country

3. Date Incorporated or Qualified 06/21/1990	3a. Date of Last Report 05/19/1994
4. FBI Number 13-1642360	Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TANNONBAUM, BARNET 21964 CYPRESS BOCA FL 33433				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AICHER, JOSEPH R	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19 LAKE PARK COURT	1.2 NAME	
STREET ADDRESS	GERMANTOWN MD	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TANNENBAUM, BARNET	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	21964 CYPRESS DR	2.2 NAME	
STREET ADDRESS	BOCA RATON FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PURDY, RALPH	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	540 N STATE RD	3.2 NAME	
STREET ADDRESS	BRIARCLIFF MANOR NY	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	BODKER, RUTH	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	345 EAST 52ND ST	4.2 NAME	
STREET ADDRESS	NEW YORK NY	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	RYAN, WILLIAM	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	286 CROTON DAM RD	5.2 NAME	
STREET ADDRESS	OSSINING NY	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	WEINBERG, ALLAN D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE LIBERTY PLAZA / STE - 2922	6.2 NAME	
STREET ADDRESS	NEW YORK NY	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 affidavit.

SIGNATURE: **ALLAN D. WEINBERG** (Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
 Date: **21 FEB 95**
 Daytime Phone #: **212 3465586**