

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 700180 (3)

1. Corporation Name
THE JEWISH WAR VETERANS OF THE U.S.A. 1960 CONVENTION CORPORATION OF FLORIDA, INC.



Principal Place of Business: 10217 NW 2 PL, STE 210, SUNRISE FL 33322, US
Mailing Address: LYNDHURST N-3061, DEERFIELD BEACH FL 33442, US

3. Date Incorporated or Qualified: 11/20/1959
3a. Date of Last Report: 03/17/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2377392	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERDIE, AINSLEE R
717 PONCE DE LEON BLVD, STE 215
CORAL GABLES FL 33134

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DC KADIN, LOUIS LYNDHURST I 3019 DEERFIELD BCH FL 33442	1.1 TITLE <input type="checkbox"/> DELETE
NAME		1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1.3 STREET ADDRESS
CITY-ST-ZIP		1.4 CITY-ST-ZIP
TITLE	DV LIEBMAN, LEON 1101 S.W. 128 TR #209 PEMBROKE PINES FL	2.1 TITLE <input checked="" type="checkbox"/> DELETE
NAME		2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	DC DOCTORIN, IRVIN G. LYNHURST N 3061 DEERFIELD BEACH FL 33442	3.1 TITLE <input type="checkbox"/> DELETE
NAME		3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	P STEINBERG, IRV 10217 NW 24TH PLACE, 210 SUNRISE FL	4.1 TITLE <input checked="" type="checkbox"/> DELETE
NAME		4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	P LEFF, NORTON 1001 COLCHY POINT CIR-121 PEMBROKE PINES FL 33026	5.1 TITLE <input type="checkbox"/> DELETE
NAME		5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	DV JEANNETTE JACOBSON 2801 NE 183 STREET-1707 NE. MIAMI BEACH FL 33160	6.1 TITLE <input type="checkbox"/> DELETE
NAME		6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		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 119.07(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 address.

SIGNATURE: _____ DATE: 2-1-96 DAYTIME PHONE: 954-492-1684

CR2E037 (12/95)