

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 06 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 1001 COLONY PT. CR.	4. FEI Number 59-2377392	3a. Date of Last Report 02/29/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 121	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State PEMBROKE PINES, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip 33026	30 Country U.S.A.

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
LEFF, NORTON

82 Street Address (P.O. Box Number is Not Acceptable)
1001 COLONY POINT CR. 121

83

84 City
PEMBROKE PINES FL

85 Zip Code
33026

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 **NORTON LEFF** *Norton Leff* **7/31/97**
 Signature, typed or printed name of registered agent and title if applicable. NOT Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE DC	<input type="checkbox"/> DELETE
NAME KADIN, LOUIS	
STREET ADDRESS LYNDHURST I 3019	
CITY-ST-ZIP DEERFIELD BCH FL	
TITLE P	<input type="checkbox"/> DELETE
NAME LEFF, NORTON	
STREET ADDRESS 1001 COLONY POINT CIRCLE 121	
CITY-ST-ZIP PEMBROKE PINES FL	
TITLE DC	<input checked="" type="checkbox"/> DELETE
NAME DOCTORIN, IRVIN G.	
STREET ADDRESS LYNHURST N 3061	
CITY-ST-ZIP DEERFIELD BEACH FL	
TITLE DV	<input type="checkbox"/> DELETE
NAME JACOBSON, JEANETTE	
STREET ADDRESS 2801 NE 183 STREET 1707	
CITY-ST-ZIP NORTH MIAMI BEACH FL	
TITLE P.C.	<input type="checkbox"/> DELETE
NAME Liebman, Leon	
STREET ADDRESS 1101 S.W. 128 Terrace	
CITY-ST-ZIP Pembroke Pines Fl.	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Norton Leff** *Norton Leff* **7/31/97**
 SIGNATURE REQUIRED **7/31/97** *900442-1684*

CP2E037 (4/97)