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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700180

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

CLOSED

Mailing Address

1001 COLONY PT CR
121
PEMBROKE PINES FL 33026
US



2. Principal Place of Business

21 1001 Colony Pt. Cr.

2a. Mailing Address

26 SAME

3. Date incorporated or Qualified
11/20/1959

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number
59-2377392

Applied For
Not Applicable

23 City & State

PEMBROKE PINES, FL

28 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip 33026 25 Country U.S.A.

29 Zip Country 30

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LEFF, NORTON
1001 COLONY POINT CR.
121
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan. 4 - 1999
DATE

12. OFFICERS AND DIRECTORS

TITLE DC DELETE
NAME KADIN, LOUIS
STREET ADDRESS LYNDHURST I 3019
CITY-ST-ZIP DEERFIELD BCH FL

TITLE P DELETE
NAME LEFF, NORTON
STREET ADDRESS 1001 COLONY POINT CIRCLE 121
CITY-ST-ZIP PEMBROKE PINES FL

TITLE DC DELETE
NAME LIEBMAN, LEON
STREET ADDRESS 1101 SW 128 TERRACE
CITY-ST-ZIP PEMBROKE PINES FL

TITLE DV DELETE
NAME JACOBSON, JEANETTE
STREET ADDRESS 2801 NE 183 STREET 1707
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 4, 1999 3057-954-432-1684
Date Daytime Phone #

CR2E037 (11/98)