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**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90075 008 \*\*\*\*61.25

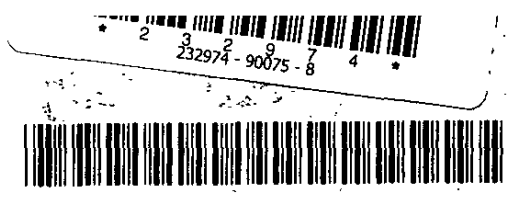
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 702652**

1. Corporation Name  
**JEWISH VOCATIONAL SERVICE, INC.**

Principal Place of Business 735 NE 125TH STREET NO MIAMI FL 33161 US	Mailing Address 735 N.E. 125TH STREET NORTH MIAMI FL 33161 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/03/1961
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0637867
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**GOLDSMITH, SYLVIA L**  
**1939 SAN SOUCI BLVD**  
**NORTH MIAMI FL 33181**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SLAVIN, RICHARD K	
STREET ADDRESS	15900 W TROON CIRCLE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STUBINS, JEFF	
STREET ADDRESS	8900 SW 124 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, RONALD S	
STREET ADDRESS	10001 W OAKLAND PARK BLVD	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SIROTTA, SUSAN	
STREET ADDRESS	1771 CLEVELAND ROAD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHWADRON, DAVID	
STREET ADDRESS	10350 SW 125 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOFFMAN, RICHARD	
STREET ADDRESS	1101 BRICKELL AVE., #1402	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	33014	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	5410 COLLINS AVE.	
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	10080 NW 14 ST.	
3.4 CITY-ST-ZIP	PLANTATION, FL 33322	
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 checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	33176	
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 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, with all other like empowered.

SIGNATURE: Richard K. Slavin 1/13/99 305-823-7778  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)

232974-90075-8  
702652

ADDITIONAL OFFICERS

VD  
LESLIE LINEVSKY  
200 S.E. 15 ROAD #7G  
MIAMI, FL 33129

VD  
ROBERT J. MERLIN  
5810 MAGGIORE ST.  
CORAL GABLES, FL 33146

VD  
HARRY A. PAYTON  
3525 PALMETTO AVENUE  
COCONUT GROVE, FL 33133

SD  
BARBARA BLACK  
230 GOLDEN BEACH DRIVE  
GOLDEN BEACH, FL 33160

D  
JOY SPILL  
4200 ROYAL PALM AVENUE  
MIAMI BEACH, FL 33140