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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Bandra B. Mogham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724335 (5)
1. Corporation Name
JEWISH CULTURAL CENTER, INC.



Principal Place of Business Mailing Address

420 LINCOLN ROAD 420 LINCOLN ROAD
329 329
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139
US US

2. Principal Place of Business 2a. Mailing Address

21 420 Lincoln Rd 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 #329 27
City & State City & State
23 Miami Beach FL 28
Zip Country Zip Country
24 33139 25 29 30

3. Date Incorporated or Qualified
09/14/1972

4. FEI Number Applied For
59-0656704 Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

FRIEDMAN, ISIDORE
3 ISLAND AVE. 5J
MIAMI BEACH FL 33139

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ISIDORE, FRIEDMAN	
STREET ADDRESS	3 ISLAND DR. #55	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	KANTOR, MARY	
STREET ADDRESS	4101 COLLINS AVE RM 608	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	CHOROVER, ANN	
STREET ADDRESS	7770 TATUM WATERWAY DR	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	ME	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, HENRIETTA	
STREET ADDRESS	3 ISLAND AVE. #5J	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	Bd. Member ID	<input type="checkbox"/> DELETE
NAME	I. Friedman (Isidore)	
STREET ADDRESS	3 ISLAND AV 5J MA 33139	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Max Shlafrock	
1.3 STREET ADDRESS	5100 NE 2 AV	
1.4 CITY-ST-ZIP	Miami FL 33137	
2.1 TITLE	VP-Sec D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Barbara Collins	
2.3 STREET ADDRESS	2845 Camino Real 0412	
2.4 CITY-ST-ZIP	Miami FL 33140	
3.1 TITLE	Ex. Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Vito Magli	
3.3 STREET ADDRESS	103-75 NW 42 Drive	
3.4 CITY-ST-ZIP	Coral Springs FL 33065	
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 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.

SIGNATURE: Henrietta Friedman Henrietta Friedman 305 531-6104

CR2E037 (10/97)