

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 731551 (8)

1. Corporation Name
JEWISH MARRIAGE EXPERIENCE, INC.



Principal Place of Business Mailing Address
111 BRINY AVE #2608 111 BRINY AVE #2608
POMPANO BEACH FL 33062 POMPANO BEACH FL 33062-5653

3. Date Incorporated or Qualified 01/04/1975
3a. Date of Last Report 03/22/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 9917 A SUMMERBROOK TERR	26 9917 A SUMMERBROOK TERR	59-0209464	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 APT A	27 APT A	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23 BOYNTON BEACH	28 BOYNTON BEACH	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country		
24 33437	25 FL		
Zip	Country		
29 33437	30 FL		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GABRILOWITZ, WILLIAM 111 BRINY AVE #2608 POMPANO BEACH FL 33062	81 Name ALAN GORDON 82 Street Address (P.O. Box Number is Not Acceptable) 9917 A SUMMERBROOK TERRACE 83 84 City BOYNTON BEACH FL 85 Zip Code 33437

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: *Alan Gordon* DATE: 2/12/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, JOSEPH R.	1.2 NAME	
STREET ADDRESS	7264 FAIRFAX DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL 33321	1.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, BARBARA	2.2 NAME	
STREET ADDRESS	7264 FAIRFAX DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL 33321-F	2.4 CITY - ST - ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABRILOWITZ, WILLIAM	3.2 NAME	GORDON, ALAN
STREET ADDRESS	111 BRINY AVE 32608	3.3 STREET ADDRESS	9917 A SUMMERBROOK TERRACE
CITY - ST - ZIP	POMPANO BEACH FL 33062	3.4 CITY - ST - ZIP	BOYNTON BEACH FL 33437
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABRILOWITZ ANN	4.2 NAME	
STREET ADDRESS	111 BRINY AVE 2608	4.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL 33062	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
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 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: *Barbara Robbins, President* DATE: 2/13/97 954-721-4757

CR2E037 (9/96)