FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 734392 (4)

1. Corporation Name

SUNRISE JEWISH CENTER, INC.

Principal Place of Business	Mailing Address
4099 PINE ISLAND ROAD SUNRISE FL 33351-2314	4099 PINE ISLAND ROAD SUNRISE FL 33351-2314

3. Date Incorporated or Qualified: **11/18/1975**

3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-1619338** ☐ Applied For ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTIN, LIPNACK
6827 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33319

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ALTNER, PEARL		1.2 NAME	Fletcher, Bruce	
STREET ADDRESS	2751 PINE ISLAND RD., N.		1.3 STREET ADDRESS	1965 NW 112 Avenue	
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP	Coral Springs FL 33071	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	FLETCHER, BRUCE		2.2 NAME	Mishkin, Larry	
STREET ADDRESS	1965 N.W. 112TH AVE.		2.3 STREET ADDRESS	7650 West McNab Road	
CITY-ST-ZIP	CORAL SPGS. FL		2.4 CITY-ST-ZIP	Tamarac, FL 33321	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WEISS, JULIUS		3.2 NAME		
STREET ADDRESS	8135 SUNRISE LAKES BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 00000		3.4 CITY-ST-ZIP		
TITLE	FS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ORT, IRVING		4.2 NAME		
STREET ADDRESS	8280 SUNRISE LAKES BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 00000		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MANDEL, SYDNEY		5.2 NAME		
STREET ADDRESS	9350 SUNRISE LAKE BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	NIEPORENT, MAX		6.2 NAME		
STREET ADDRESS	9580 SUNRISE LAKES BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #