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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 737250

1. Corporation Name
JEWISH FEDERATION HOUSING, INC.

Principal Place of Business	Mailing Address
4200 BISCAYNE BLVD. MIAMI FL 33137	4200 BISCAYNE BLVD. MIAMI FL 33137

2. Principal Place of Business 21 757 West Avenue 22 Suite, Apt. #, etc. 23 Miami Beach, Fl. 24 Zip 33139 25 Country	2a. Mailing Address 26 757 West Avenue 27 Suite, Apt. #, etc. 28 Miami Beach, Fl. 29 Zip 33139 30 Country	3. Date Incorporated or Qualifed 11/08/1976 4. FEI Number 59-1715089 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☒ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SOLOMON JACOB
4200 BISCAYNE BLVD
MIAMI FL 33137

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	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FLEEMAN, DAVID B.		1.2 NAME		
STREET ADDRESS	321 W. DILIDO DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KRAVITZ, STEVEN J.		2.2 NAME		
STREET ADDRESS	18735 NE 21ST AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SOLOMON, JACOB		3.2 NAME		
STREET ADDRESS	4200 BISCAYNE BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	MS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	YUDEWITZ, BRUCE		4.2 NAME		
STREET ADDRESS	4200 BISCAYNE BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	PD	☐ Change ☒ Addition
NAME			5.2 NAME	GOODMAN, MARTIN B.	
STREET ADDRESS			5.3 STREET ADDRESS	16110 W. Prestwick Place	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	~~Miami Lakes, Fl. 33014~~	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: X Solomon Jacob SIGNATURE REQUIRED 3/5/99 305-531-2388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #