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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

FILED
Jul 08 1997 8:00am
Secretary of State

DOCUI 1. Corporatio	MENT in Name	# 749610												
	J	EWISH FEDERATI												
Principal Plac	e of Busines	s	М	lailing Ad	ddress		3. Date Incorporated or Qualified 3a. Date of Last Report 11/01/1979 07/19/1996 Applied For Applied For Not Applicable Se. TS. Additional Fee Required Fe							
9901	9901 Donna Klein Blvd 9901 Donna Klein Blvd													
Boca Raton Fl 33428-1788 Boca Raton							42	8-1/8	8	•	- 1			•
2. Principal P	Mann of Duni		1 20	2a. Mailing Address							0	7/19/1		
21 Principal P	Tace of Busil	1622	26	. Walling	Address							-	4	
Suite, Apt. #, etc.				Sulte, Apt. #, etc.								\$8.7		
22				City & State										
City & State	e		28	City &	State				ĺ					
Zip		Country	匸	Ζίρ	····	Coun	try		$\neg \uparrow$				er s.	199.032,
24	25 Supre and Address of Current			9 30										
9. Name and Address of Current Registered Agent 81 Name										10. Name and Address of New	negistere	a Agent		
Albert Gortz						93 Stroot Addre			droc	re (P.O. Boy Number is Not Asses	table)			
2255 Glades Roa				1						SS (F.O. BOX NUMBER IS NOT ACCE	nablej			
	-				33									
	В	343	431			14	City	E1 85			Zip C	ode		
11. Pursuant	to the provis	ions of Sections 617.0502	and 6	317.1508	, Florida Statute	es, the abo		named co	rpor	ation submits this statement for the	e purpose	of changing	ng its	registered
office or r agent. I a	re gist ered aç ım fa milier wi	jent, or both, in the State of th, and accept the obligat	of Flori	da. Such if, Section	n change was a n 617.0503, Flo	iuthorized irida Stalu	by ti les.	he corpor	ation	n's board of directors. I hereby ac	cept the a	ppointment	lasi	egistered
SIGNATURE .					- inot									
12.	Signature, typed	or printed name of registered agen OFFICERS AND			ie. (NOII	13.	Agent	signature rec	инеа			ND DIREC	TOR	3 IN 12
TiTLE	Pl			.,,,	DELETE	1.1 TITL	E	1-	_			★ Chan	ige	Addition
NAME	ME Gimelstab, Herb			(L			1,00							
STREET ADDRESS 4330 Live Oak B			lvd	Lva										
CITY-\$T-ZIP TITLE	<u>P</u> i	lray Beach Fl			DELETE	1.4 CITY 2.1 TITL				ray beach Fi	<u></u>	he Chan		Addition
NAME	''	•			T pretir	2.2 NAN	_			dagon Endo		LA CHAI	yc	Addition
STREET ADDRESS	40	lemens, Richar)O North Feder	u al	Hwv.	Suite20		_							
CITY-ST-ZIP		ca Raton F1		,,	00200			1						
TITLE	VI		•••		DELETE	3.1 TITL		D	برجد			Chan	ige	Addition
NAME (Вє	enamy, Frankli	n			3.2 NAM	E -	G ₆	e11	ert. Spencer				
STREET ADDRESS		50 S Ocean B1				3.3 STR	ET AD	DDRESS 99	901	Donna Klein Blvd				
CITY - ST - ZIP		lghland Beach	t T		Decem			ZIP B	оса	Raton Fl		F 7.		1
TITLE	TI) Ltheimer, Jero	me		DELETE	417/IL						∟J Chan	ge	Addition
NAME		106 Montrico D				4 2 NAI								
STREET ADDRESS		ca Raton Fl	•											
CITY - ST - ZIP TITLE	SI	<u> </u>			DELETE	5.1 TITL		ZIP				Chan		Addition
NAME	K:	lrsner, Marvin				5.2 NAM				5000022	33:	245		
STREET ADDRESS	16	30 North Fede	ral					DDRESS		-07/09/970	1008	-033		
CITY-ST-ZIP	Fo	ort Lauderdale	F1							***61.25				
TITLE	VI				DELETE	6.1 TITL						Chan	ge	Addition
NAME	De	kinger, Eric			*	6.2 NAM	IE .						7.	18
STREET ADDRESS		199 Valencia D oca Raton Fl	r			6.3 STA	ET AD	DORESS					1.	1D
CITY-ST-ZIP			آخ خوارين	Lin Direc	door not availe	6.4 City				Continu \$40 07/01/2 Florida De-	don 16	nor positi "		<u>پر</u>
14, I do neret	by certify the	ic trie information supplied	wiin th	nis tiling Sontal en	uues not qualif	y ior ine e	KUITE	ipiion siai ete end th	eu ir et m	Section 119.07(3)(i), Florida States	utes. I fülfil anal affant	ner centry !	nal (I	.i⊎ er oeth: thei

4. 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:

ATURE AND TYPEO OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

H Although 6/20/9

(341) 83 2-3103 Daylimo Phone #