

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 835061 (3)**  
 1. Corporation Name  
**THE AMERICAN-ISRAELI LIGHTHOUSE, INC.**



Principal Place of Business <b>30 EAST 60TH ST NEW YORK NY 10022-8008</b>	Mailing Address <b>30 EAST 60TH ST NEW YORK NY 10022-8008</b>
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3. Date Incorporated or Qualified <b>09/22/1975</b>	Applied For Not Applicable
4. FEI Number <b>13-1800767</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 545 MADISON AVENUE</b> Suite, Apt. #, etc. <b>22 Suite 600</b> City & State <b>23 New York, NY</b> Zip <b>24 10022</b> Country <b>25 USA</b>	2a. Mailing Address <b>26 545 MADISON AVENUE</b> Suite, Apt. #, etc. <b>27 Suite 600</b> City & State <b>28 New York, NY</b> Zip <b>29 10022</b> Country <b>30 USA</b>
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9. Name and Address of Current Registered Agent  
**SIEGEL, ETHEL**  
**410 GOLDEN ISLE DR**  
**HALLANDALE FL 33009**

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		
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEEDS, GLORIA</b>	
STREET ADDRESS	<b>PO BOX 394 N/A</b>	
CITY-ST-ZIP	<b>SWAN LAKE NY</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>VINCOUR, SOPHIA</b>	
STREET ADDRESS	<b>538 A BERBERS PLAZA</b>	
CITY-ST-ZIP	<b>CRANBURY NJ</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>DANK, ENID</b>	
STREET ADDRESS	<b>8701 SHORE ROAD</b>	
CITY-ST-ZIP	<b>BROOKLYN, NY.</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VINOCUR, SOPHIE</b>	
STREET ADDRESS	<b>538A BERBERS PLAZA</b>	
CITY-ST-ZIP	<b>CRANBURY NJ</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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:** Enid Dank **ENID DANK, President** **4-29-98** (212) 838-5322  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0077269

CR2E037 (10/97)