


FILE NOW: FILING FEE IS \$61.25

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90196 031 ****70.00

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 835061

1. Corporation Name
THE AMERICAN-ISRAELI LIGHTHOUSE, INC.

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|---|---|
| Principal Place of Business 545 MADISON AVE SUITE 600 NEW YORK NY 10022-8008 US | Mailing Address 545 MADISON AVE SUITE 600 NEW YORK NY 10022-8008 US |
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|--|--|--|
| 21. Principal Place of Business Suite, Apt. #, etc. | 2a. Mailing Address Suite, Apt. #, etc. | 3. Date Incorporated or Qualified 09/22/1975 |
| 22. City & State | 27. City & State | 4. FEI Number 13-1800767 |
| 23. Zip | 28. Zip | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 24. Country | 29. Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | VD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEEDS, GLORIA | 1.2 NAME | |
| STREET ADDRESS | PO BOX 394 N/A | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SWAN LAKE NY | 1.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VINCOUR, SOPHIA | 2.2 NAME | |
| STREET ADDRESS | 538 A BERBERIS PLAZA | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRANBURY NJ | 2.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DANK, ENID | 3.2 NAME | |
| STREET ADDRESS | 8701 SHORE ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BROOKLYN, NY. | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VINOCUR, SOPHIE | 4.2 NAME | |
| STREET ADDRESS | 538A BERBERIS PLAZA | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRANBURY NJ | 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 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: *Enid Dank* **ENID DANK, PRESIDENT** 4-29-99 212-838-5322
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)