


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N09822 (0)

1. Corporation Name
CENTURY PINES JEWISH CENTER, A NONPROFIT CORPORATION



Principal Place of Business 13400 SW 10TH ST ADMINISTRATIVE BLDG OF CENTURY VILLAGE PEMBROKE PINES FL 33027-8833	Mailing Address 13400 SW 10TH ST ADMINISTRATIVE BLDG OF CENTURY VILLAGE PEMBROKE PINES FL 33027-8833
--	--

3. Date Incorporated or Qualified 06/18/1985		
4. FEI Number 59-2545126	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**WEISS, NATHAN H
12750 SW 4 CT. #J-315
PEMBROKE PINES FL 33027**

10. Name and Address of New Registered Agent

81. Name COHEN RALPH S.	
82. Street Address (P.O. Box Number is Not Acceptable) 1401 S.W 134WAY C-105	
83. R	
84. City PEMBROKE PINES FL	85. Zip Code 33027

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 RALPH S. COHEN DATE 1/16/98

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CHERLOW, CARL	
STREET ADDRESS	13355 SW 9TH CT KH317	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	COHEN, RALPH S.	
STREET ADDRESS	1401 SW 134 WAY C105	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	PDD	<input type="checkbox"/> DELETE
NAME	WEISS, NATHAN	
STREET ADDRESS	12750 SW 4TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LEVINE, HERMAN	
STREET ADDRESS	12750 SW 4TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LEFKOWITZ, PHILLIP	
STREET ADDRESS	901 SW 123RD AVE, #B E 405	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	FSD	<input type="checkbox"/> DELETE
NAME	BROD, LORRAINE	
STREET ADDRESS	1200 SW 139TH AVE, H-3 304	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PANCERMAN, MAX	
1.3 STREET ADDRESS	151 SW 128 TERR CD108	
1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
2.1 TITLE	PDD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RALPH S. COHEN, RALPH S.	
2.3 STREET ADDRESS	1401 SW 134 WAY C105	
2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
3.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WEISS, NATHAN H.	
3.3 STREET ADDRESS	12750 SW 4 COURT B-J-315	
3.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
4.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LEFKOWITZ, PHILLIP	
4.3 STREET ADDRESS	901 SW 123 AVE B-E-405	
4.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
5.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ENHREICH, BERNARD	
5.3 STREET ADDRESS	500 S W 130 TER L-A-304	
5.4 CITY-ST-ZIP	PEMBROKE PINES FL 33027	
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: RALPH S. COHEN DATE 1/16/98

CR2E037 (10/97)