

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murphree  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
OFFICE OF THE SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:01

DOCUMENT # **N19529** (9)  
SOUTH BROWARD JEWISH FEDERATION HOUSING II, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2719 HOLLYWOOD BLVD  
HOLLYWOOD FL 33020  
US

Mailing Address: 2719 HOLLYWOOD BLVD  
HOLLYWOOD FL 33020  
US

3. Date Incorporated or Qualified <b>03/04/1987</b>	3a. Date of Last Report <b>04/20/1994</b>
4. FEI Number <b>65-0027616</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax* under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. # etc	27. Suite, Apt. # etc
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**FOX, IRVING**  
2719 HOLLYWOOD BLVD  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
B3	
B4 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

**Irving Fox**  
**Director of Finance**

SIGNATURE: *[Signature]* DATE: *4/18/95*

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SINGER, SAUL
STREET ADDRESS	922 S. SOUTHLAKE DR.
CITY, ST, ZIP	HOLLYWOOD FL
TITLE	VD
NAME	BARRON, HOWARD
STREET ADDRESS	3071 N. 35TH ST.
CITY, ST, ZIP	HOLLYWOOD FL
TITLE	VD
NAME	ROTHSCHILD, RONALD J.
STREET ADDRESS	4501 VAN BUREN STREET
CITY, ST, ZIP	HOLLYWOOD FL
TITLE	TD
NAME	DEMBS, NELSON
STREET ADDRESS	4103 N. 48TH TERRACE
CITY, ST, ZIP	HOLLYWOOD FL
TITLE	SD
NAME	STIEBER, EVELYN
STREET ADDRESS	1890 S. OCEAN DR, PH-3
CITY, ST, ZIP	HALLANDALE FL
TITLE	D
NAME	ALTER, BARRY
STREET ADDRESS	3312 S.W. 57TH PL.
CITY, ST, ZIP	FT. LAUDERDALE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Livingston, Peter A., MD	
13 STREET ADDRESS	3110 North 52nd Avenue	
14 CITY, ST, ZIP	Hollywood, Fla., 33021	
15 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	Abraham, Ronald H.	
17 STREET ADDRESS	5430 North 36th Court	
18 CITY, ST, ZIP	Hollywood, Fla., 33021	
19 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	Glasser, Gene K.	
21 STREET ADDRESS	4231 Casper Court	
22 CITY, ST, ZIP	Hollywood, Fla., 33021	
23 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	Brizel, Nancy R.	
25 STREET ADDRESS	4800 North 33rd Court	
26 CITY, ST, ZIP	Hollywood, Fla., 33021	
27 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	Gurland, Steven, MD	
29 STREET ADDRESS	4401 North Hills Drive	
30 CITY, ST, ZIP	Hollywood, Fla. 33021	
31 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Feldman, Bernard G.	
33 STREET ADDRESS	804 St. Andrews Road	
34 CITY, ST, ZIP	Hollywood, Fla., 33021	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(k), 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. I am an officer or director of the corporation, 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, change, or on an attachment, with an address.

**Peter A. Livingston**  
President

SIGNATURE: *[Signature]* DATE: *4/18/95*

305-921-5810