

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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: **03/04/1987**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0027616**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.:
City & State:
Zip: 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
81 Name: **PETER WIRTHEIM**
82 Street Address: **2719 HOLLYWOOD BLVD**
83
84 City: **HOLLYWOOD, FL** 85 Zip Code: **33020**

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: *[Signature]* DATE: **1/26/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, PETER A. M	
STREET ADDRESS	3110 NORTH 52ND AVENUE	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ABRAHAM, RONALD H.	
STREET ADDRESS	5430 NORTH 36TH COURT	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GLASSER, GERNE K.	
STREET ADDRESS	4231 CASPER COURT	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRIZEL, NANCY R.	
STREET ADDRESS	4800 NORTH 33RD COURT	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GURLAND, STEVEN M	
STREET ADDRESS	4401 NORTH HILLS DRIVE	
CITY - ST - ZIP	HALLANDALE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	FELDMAN, BERNARD C.	
STREET ADDRESS	804 ST. ANDREWS ROAD	
CITY - ST - ZIP	HOLLYWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	WEINSTEIN, DOROTHY
23 STREET ADDRESS	14611 SABAL DRIVE
24 CITY - ST - ZIP	MIAMI LAKES, FL 33014
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 119.07(3)(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; 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: *[Signature]* DATE: **1/26/96** 954 921 8810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)