


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19529 (9)**  
1. Corporation Name  
**SOUTH BROWARD JEWISH FEDERATION HOUSING II, INC.**



Principal Place of Business <b>2719 HOLLYWOOD BLVD HOLLYWOOD FL 33020 US</b>	Mailing Address <b>2719 HOLLYWOOD BLVD HOLLYWOOD FL 33020-4821 US</b>
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2. Principal Place of Business <b>21 5701 S.W. 82 AVE.</b>	2a. Mailing Address <b>26 5701 S.W. 82 AVE.</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>DAVIE, FL</b>	28 City & State <b>DAVIE, FL</b>
24 Zip <b>33328</b>	25 Country <b>BROWARD</b>
29 Zip <b>33328</b>	30 Country <b>BROWARD</b>

3. Date Incorporated or Qualified <b>03/04/1987</b>	3a. Date of Last Report <b>02/21/1996</b>
4. FEI Number <b>65-0027616</b>	Applied For <input type="checkbox"/> Not Applicable
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>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WERTHEIM, PETER  
2719 HOLLYWOOD BLVD  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LIVINGSTON, PETER A. M</b>	
STREET ADDRESS	<b>3110 NORTH 52ND AVENUE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WEINSTEIN, DOROTHY</b>	
STREET ADDRESS	<b>14611 SABAL DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GLASSER, GERNE K.</b>	
STREET ADDRESS	<b>4231 CASPER COURT</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BRIZEL, NANCY R.</b>	
STREET ADDRESS	<b>4800 NORTH 33RD COURT</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>GURLAND, STEVEN M</b>	
STREET ADDRESS	<b>4401 NORTH HILLS DRIVE</b>	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>FELDMAN, BERNARD C.</b>	
STREET ADDRESS	<b>804 ST. ANDREWS ROAD</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>KATZ, HERBERT D.</b>	
1.3 STREET ADDRESS	<b>4500 LINCOLN ST.</b>	
1.4 CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>	
2.1 TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>FELDMAN, BERNARD G.</b>	
2.3 STREET ADDRESS	<b>804 ST. ANDREWS RD.</b>	
2.4 CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>	
3.1 TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>TELLES, SELMA</b>	
3.3 STREET ADDRESS	<b>6618 RACQUET CLUB DR.</b>	
3.4 CITY-ST-ZIP	<b>LAUDERHILL, FL 33319</b>	
4.1 TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SPATZ, GAIL</b>	
4.3 STREET ADDRESS	<b>3830 N. 31 TERRACE</b>	
4.4 CITY-ST-ZIP	<b>HOLLYWOOD, FL 33020</b>	
5.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>DR. GARY RUBIN</b>	
5.3 STREET ADDRESS	<b>90 JUNIPER ROAD</b>	
5.4 CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>	
6.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>KASSOWER, JEFFREY A.</b>	
6.3 STREET ADDRESS	<b>10315 N.W. 3 PLACE</b>	
6.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* **3/12/97** **954-748-8400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021360

CR2E037 (9/96)