


FILE NOW: FILING FEE IS \$61.25

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**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90002 031 \*\*\*\*70.00

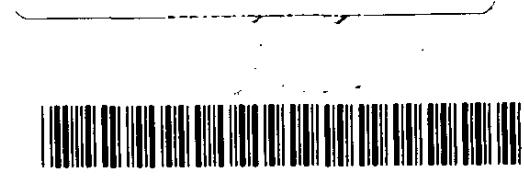
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19529**

1. Corporation Name  
**SOUTH BROWARD JEWISH FEDERATION HOUSING II, INC.**

Principal Place of Business 5701 S.W. 82 AVE. DAVIE FL 33328 US	Mailing Address 5701 S.W. 82 AVE. DAVIE FL 33328 US
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2. Principal Place of Business 21 5701 s.w. 82 Ave.	2a. Mailing Address 26 5701 S.W. 82 Ave.	3. Date Incorporated or Qualified 03/04/1987
Suite, Apt. #, etc. 22 DAVIE	Suite, Apt. #, etc. 27 DAVIE	4. FEI Number 65-0027616
City & State 23 Florida	City & State 28 Florida	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33328	Country 25 Broward	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 33328	Country 30 Broward	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RUBIN, GARY DR. 5701 SW 82 AVE. DAVIE FL 33028				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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, PETER A. M	1.2 NAME	David B. Schulman
STREET ADDRESS	3110 NORTH 52ND AVE.	1.3 STREET ADDRESS	9513 Sea Turtle Dr.
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, BERNARD G.	2.2 NAME	JEFFREY KASSOWER
STREET ADDRESS	804 ST. ANDREWS RD.	2.3 STREET ADDRESS	10315 NW 3 Pl.
CITY-ST-ZIP	MIAMI LAKES FL	2.4 CITY-ST-ZIP	Coral Springs, FL
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TELLES, SELMA	3.2 NAME	
STREET ADDRESS	6618 RACQUET CLUB DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPATZ, GAIL	4.2 NAME	
STREET ADDRESS	3830 N. 31 TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, GARY DR.	5.2 NAME	
STREET ADDRESS	90 JUNIPER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASSOWER, JEFFREY A.	6.2 NAME	Joseph L. Schwartz, Esq.
STREET ADDRESS	10315 N.W. 3 PLACE	6.3 STREET ADDRESS	PO Box 7259
CITY-ST-ZIP	CORAL SPRINGS FL	6.4 CITY-ST-ZIP	Hollywood, FL 33081-1259

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: \_\_\_\_\_ DATE: 1/27/99 DAYTIME PHONE #: (954) 434-9666

CR2E037 (11/98)