


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43579** (4)

PARKLAND JEWISH CENTER, INC.



Principal Place of Business	Mailing Address
7400 OFFICE ROAD SUITE 106 CORAL SPRINGS FL 33067 US	2801 UNIVERSITY DRIVE, #205 CORAL SPRINGS FL 33065

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 Zip
24 Country	29 Country

3. Date Incorporated or Qualified	05/24/1991
4. FEI Number	65-0291376
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No

9. Name and Address of Current Registered Agent
SCHWARTZ, JAY A PERSHES & SCHWARTZ 2801 UNIVERSITY DRIVE, SUITE 205 CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent
81 Name Howard M. Talenfeld
82 Street Address (P.O. Box Number is Not Acceptable) Colodny, Fass & Talenfeld, P.A.
83 2000 W. Commercial Blvd., Ste. 232
84 City Ft. Lauderdale
85 Zip Code FL 33309

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]* (NOTE: Registered Agent signature required when reinstating) DATE 1/15/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GOLDBERG, BENJAMIN	1.2 NAME	Rubin, Lois
STREET ADDRESS	6010 NW 81ST TERRACE	1.3 STREET ADDRESS	7566 NW 47th Ave
CITY-ST-ZIP	PARKLAND FL	1.4 CITY-ST-ZIP	Coral Springs FL 33067
TITLE	VD	2.1 TITLE	
NAME	LEEMAN, MINDY	2.2 NAME	
STREET ADDRESS	4888 NW 100TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	MARKS, CAROLYN	3.2 NAME	
STREET ADDRESS	7121 E CYPRESSHEAD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	BURKS, KAREN	4.2 NAME	
STREET ADDRESS	368 NW 112TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	STAMM, SOL	5.2 NAME	
STREET ADDRESS	1356 NW 5TH COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* PRES. 1/12/98 954 346-7878

CR2E037 (10/97)