

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 30 1997 8:00am
Secretary of State

DOCUMENT # N93000005736 (4)

1. Corporation Name

DEAN/KLUGER JUDAIC COLLECTION, INC.

Principal Place of Business

ALAN J KLUGER
100 CHOPIN PLAZA, SUITE 1970
MIAMI FL 33131

Mailing Address

ALAN J KLUGER
100 CHOPIN PLAZA, SUITE 1970
MIAMI FL 33131



3. Date Incorporated or Qualified
12/22/1993

3a. Date of Last Report
02/29/1996

2. Principal Place of Business

21 201 SOUTH BISCAYNE BLVD

2a. Mailing Address

26 201 SOUTH BISCAYNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 1970 MIAMICENTER

27 SUITE 1970 MIAMICENTER

City & State

City & State

23 MIAMI FL

28 MIAMI FL

Zip

Zip

Country

Country

24 33131 25 US

29 33131 30 US

4. FEI Number
65-0470276

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLUGER, ALAN J
100 CHOPIN PLAZA
SUITE 1970
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROSENFELD, ALVIN H.
STREET ADDRESS UNIVERSITY OF INDIANA GOODBODY HALL 38
CITY-ST-ZIP BLOOMINGTON IN ☐ DELETE

TITLE D
NAME GRAY, ANITA
STREET ADDRESS 16800 PARKLAND DR.
CITY-ST-ZIP SHAKER HEIGHTS OH ☐ DELETE

TITLE D
NAME KOHN, RONALD
STREET ADDRESS 3645 NW 50TH STREET
CITY-ST-ZIP MIAMI FL 33142 ☐ DELETE

TITLE D
NAME KLUGER, ALAN J.
STREET ADDRESS 20023 NE 19TH PL
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D
NAME DEAN, AMY N.
STREET ADDRESS 20023 NE 19TH PL
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

I do 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.

CR2E037 (9/96)