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Secretary of State

05-06-1999 90127 022 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003862

1. Corporation Name

JEWISH INSTITUTE FOR THE ARTS, INC.

Principal Place of Business
9557 INSLAMORADA TERRACE
BOCA RATON FL 33496

Mailing Address
9557 INSLAMORADA TERRACE
BOCA RATON FL 33496

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/23/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0689674	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOLDBERG, SHALOM J 9557 INSLAMORADA TERRACE BOCA RATON FL 33496				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 Section 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: 4/28/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE		1.1 TITLE		Change	Addition
NAME	GOLDBERG, SHALOM J			1.2 NAME			
STREET ADDRESS	9557 INSLAMORADA TERRACE			1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33496			1.4 CITY-ST-ZIP			
TITLE	D	DELETE		2.1 TITLE	VICTOR GOLOBERG	Change	Addition
NAME	SPERLING, JUDITH			2.2 NAME	173 DORAL CT.		
STREET ADDRESS	3395 N. DIXIE HWY #3			2.3 STREET ADDRESS	ROSLYN NY 11574		
CITY-ST-ZIP	BOCA RATON FL 33431			2.4 CITY-ST-ZIP			
TITLE	D	DELETE		3.1 TITLE		Change	Addition
NAME	GOLDBERG, RACHEL			3.2 NAME			
STREET ADDRESS	9557 INSLAMORADA TERRACE			3.3 STREET ADDRESS	9557 INSLAMORADA TERRACE		
CITY-ST-ZIP	BOCA RATON FL 33496			3.4 CITY-ST-ZIP			
TITLE	D	DELETE		4.1 TITLE		Change	Addition
NAME	CANTOR, HARVEY PHD			4.2 NAME			
STREET ADDRESS	6100 PITCH LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33437			4.4 CITY-ST-ZIP			
TITLE	D	DELETE		5.1 TITLE		Change	Addition
NAME	WACHACTER, MICHAEL			5.2 NAME	WACHALTER, MICHAEL		
STREET ADDRESS	494 ELM AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	NORMAN OK 73069			5.4 CITY-ST-ZIP			
TITLE	D	DELETE		6.1 TITLE		Change	Addition
NAME	SWIAILO, MAYER			6.2 NAME			
STREET ADDRESS	4014 GUILFORD A CENTURY VILLAGE			6.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33496			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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/28/99 561.750.9773

CR2E037 (1/98)