


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756975 (9)  
1. Corporation Name  
JEWISH COMMUNITY CENTERS OF SOUTH BROWARD, INC.

Principal Place of Business 5850 S PINE ISLAND RD DAVIE FL 33328	Mailing Address 5850 S PINE ISLAND RD DAVIE FL 33328
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/27/1981	4. FEI Number 59-2075982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <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 MELINE, DR SAMUEL M 4410 SHERIDAN STREET HOLLYWOOD FL 33021
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10. Name and Address of New Registered Agent 81 Name WILEN, BARRY 82 Street Address (P.O. Box Number is Not Acceptable) 4601 SHERIDAN ST. 83 SUITE 208 84 City HOLLYWOOD FL 85 Zip Code 33021
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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] BARRY WILEN, Director 1/5/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	SCHWARTZ, MARTIN
STREET ADDRESS	4965 SARAZEN DR
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	MEYERS, MORT
STREET ADDRESS	2362 SW 70TH WAY
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	SUSKIND, LAURIE
STREET ADDRESS	3541 N 55TH AVE
CITY-ST-ZIP	HOLLYWOOD, FL 00000
TITLE	SD <input type="checkbox"/> DELETE
NAME	KONHAUZER, CRAIG
STREET ADDRESS	3704 STARBOARD AVE
CITY-ST-ZIP	COOPER CITY FL
TITLE	T <input type="checkbox"/> DELETE
NAME	WILES, DIANE
STREET ADDRESS	4806 ARTHUR ST
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	T <input type="checkbox"/> DELETE
NAME	MARKS, LANNY
STREET ADDRESS	8931 SW 57TH ST
CITY-ST-ZIP	COOPER CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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] SIGNATURE REQUIRED



CR2E037 (10/97)