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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90008 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 768087 1. Corporation Name THE ALEPH INSTITUTE, INC.		
Principal Place of Business 9540 COLLINS AVE 2ND FL SURFSIDE FL 33154 US	Mailing Address P.O. BOX 547127 SURFSIDE FL 33154 US	



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/21/1983
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-2291627
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JAROSLAWICZ, ISAAC M 9540 COLLINS AVENUE SURFSIDE FL 33154		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTZ, DANIEL	1.2 NAME	
STREET ADDRESS	9540 COLLINS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHN, SONNY	2.2 NAME	
STREET ADDRESS	9540 COLLINS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORUCH, DUCHMAN	3.2 NAME	
STREET ADDRESS	9540 COLLINS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL	3.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAROSLAWICZ, ISAAC M	4.2 NAME	
STREET ADDRESS	9540 COLLINS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL	4.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIGEL, RONALD	5.2 NAME	
STREET ADDRESS	9540 COLLINS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL	5.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPSKAR, SHOLOM D	6.2 NAME	
STREET ADDRESS	9540 COLLINS AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL 33154	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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 305-864-5553
 Date Daytime Phone #

CR2E037 (1/1/98)