FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **589299** **(7)**

1. Corporate Name

JEWISH FLORIDIAN, INC.

Principal Place of Business

~~575 HIBISCUS LN~~ omit
~~PO BOX 012973~~
MIAMI FL 33137-3322
US

Mailing Address

~~575 HIBISCUS LN~~ omit
~~PO BOX 012973~~
MIAMI FL 33137-3322
US

2. Principal Place of Business
21 575 Hibiscus Lane
22 ~~Miami~~
23 Miami Florida
24 33137-3322 25 US

2a. Mailing Address
26 575 Hibiscus Lane
27
28 Miami FL
29 33137-3322 30 US

3. Date Incorporated or Qualified: **10/13/1978**

3a. Date of Last Report: **08/22/1995**

4. FEI Number: **59-1554675** ☐ 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

SHOCHET, SUZANNE
575 HIBISCUS LN
MIAMI FL 33137

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Suzanne Shochet Pres. DATE

12 OFFICERS AND DIRECTORS

P
SHOCHET, SUZANNE
575 HIBISCUS LANE, BAYPT
MIAMI FL

S
POPKIN, SHARON E
575 HIBISCUS LANE, BAYPT
MIAMI, FL 00000

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☑ Addition
1 NAME
1 STREET ADDRESS
1 CITY-ST-ZIP 33137-3322

2 TITLE ☑ Change ☐ Addition
2 NAME
2 STREET ADDRESS
2 CITY-ST-ZIP 33137-3322

3 TITLE ☐ Change ☐ Addition
3 NAME
3 STREET ADDRESS
3 CITY-ST-ZIP

4 TITLE ☐ Change ☐ Addition
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP

5 TITLE ☐ Change ☐ Addition
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP

6 TITLE ☐ Change ☐ Addition
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarial, furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Suzanne Shochet Pres 305-576-4292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number