**NONPROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Principal Plac	on Name IN HEBREW STUDY GROUP DO OF Business	Malling Address		L (0 8 2)   18 0 18 (18 0 18 1 18 18 18 18 18 18 18 18 18 18 18 1	I BIJ ANDIJ GIBIJ GI	<b>e</b> l) <b>e</b> rejt <b>fel</b> f
5601 COLLING CU 9 MIAMI BEACH US		5601 COLLINS AVE CU 9 MIAMI BEACH FL 33140 US				
2. Principal F	Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 03/16/1971		
Suite, Apt.	. #, elc.	Suite, Apt. #, etc.		4. FEI Number 23-7209629	• +-	plied For t Applicable
City & Sta	te	City & State		5. Certificate of Status Desired	\$8.75 A	
Zip	Country	Zip	Country	B. Election Campaign Financing  Trust Fund Contribution	\$5.00 Added t	
24	9. Name and Address of Curre	<del></del>	<u> </u>	10. Name and Address of New Registered		
11. Pursuant office or agent. I s	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obliging	Beach FL 33 22 and 617,1508, Florida Statutes of Florida, Such change was aut	, the above-named	corporation submits this statement for the purpose of		registered
SIGNATURE	Stan	Walle		<u> 4-5-</u>	99	Bratered
SIGNATURE	Signifung typed or printed name of regulared age	HE AND TE PONCED IN COUNTY OF THE PARTY OF T	egistered Agent signature r	equired when reinstating) OATE.	77_	
12.	Signifung typed or printed raine of registered age OFFICERS At	m, and the T splicable. (NOTE: Re	egistered Agent signatury r 13.	aguind when relations)  ADDITIONS/CHANGES TO OFFICERS APPLICATIONS APP	マタ ND DIRECTO	RS IN 12
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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:

\*\*SIGNATURE\*\*

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**FILED** 

Mar 11, 1999 8:00 am Secretary of State

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