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FILED

Feb 18 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 731551 (8)

1. Corporation Name

JEWISH MARRIAGE EXPERIENCE, INC.

Principal Place of Business

111 BRINY AVE #2608  
POMPANO BEACH FL 33062

Mailing Address

111 BRINY AVE #2608  
POMPANO BEACH FL 33062-56533. Date Incorporated or Qualified  
01/04/19753a. Date of Last Report  
03/22/1996

2. Principal Place of Business

21 9917 A Summerbrook Terr

Suite, Apt. #, etc

22 APT A

City &amp; State

23 Boynton Beach

Zip

24 33437

Country

25 FL

2a. Mailing Address

26 9917 A Summerbrook Terr

Suite, Apt. #, etc.

27 APT A

City &amp; State

28 Boynton Beach

Zip

29 33437

Country

30 FL

4. FEI Number

59-0209464

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

GABRILOWITZ, WILLIAM  
111 BRINY AVE #2608  
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name

ALAN GORDON

82 Street Address (P.O. Box Number is Not Acceptable)

9917 A SUMMERBROOK TERRACE

83

84 City

Boynton Beach

FL

85 Zip Code

33437

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

*Alan Gordon*

DATE

2/12/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETENAME ROBBINS, JOSEPH R.  
STREET ADDRESS 7264 FAIRFAX DRIVE  
CITY - ST - ZIP TAMARAC FL 33321TITLE S ☐ DELETENAME ROBBINS, BARBARA  
STREET ADDRESS 7264 FAIRFAX DRIVE  
CITY - ST - ZIP TAMARAC FL 33321-FTITLE TD ☒ DELETENAME GABRILOWITZ, WILLIAM  
STREET ADDRESS 111 BRINY AVE 32608  
CITY - ST - ZIP POMPANO BEACH FL 33062TITLE VP ☒ DELETENAME GABRILOWITZ ANN  
STREET ADDRESS 111 BRINY AVE 2608  
CITY - ST - ZIP POMPANO BEACH FL 33062TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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: *Barbara Robbins* President *Barbara Robbins* 2/13/97 954-721-4757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 954-721-4757

CR2E037 (9/96)