


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 Sandra B. Mortham 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		Mailing Address	
5850 S PINE ISLAND RD DAVIE FL 33328		5850 S PINE ISLAND RD DAVIE FL 33328	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
23	24	28	30
Zip	Country	Zip	Country

3. Date Incorporated or Qualified	03/27/1981	
4. FEI Number	59-2075982	Applied For <input type="checkbox"/> 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

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

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** DATE **1/5/98**

Signature, typed or printed name of registered agent and title if applicable. (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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Director
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]* **NOTARIAL SIGNATURE REQUIRED** 1/8/98

CR2E037 (10/97)