


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 756975 1. Corporation Name JEWISH COMMUNITY CENTERS OF SOUTH BROWARD, INC.		

RECEIVED
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 FLORIDA

Principal Place of Business 5850 S PINE ISLAND RD DAVIE FL 33328	Mailing Address 5850 S PINE ISLAND RD DAVIE FL 33328
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	3. Date Incorporated or Qualified 03/27/1981	4. FEI Number 59-2075982	Applied For <input type="checkbox"/> Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

WILEN, BARRY 4801 SHERIDAN ST STE 208 HOLLYWOOD FL 33021	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: _____ (NOTE: Registered Agent signature required when re-stating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PP
NAME	SCHWARTZ, MARTIN	12 NAME	Bernie Friedman
STREET ADDRESS	4965 SARAZEN DR	13 STREET ADDRESS	3741 N 47 Avenue
CITY-ST-ZIP	HOLLYWOOD FL	14 CITY-ST-ZIP	Hollywood FL 33021
TITLE	VP	21 TITLE	VPD
NAME	MEYERS, MORT	22 NAME	Cheryl Hochberg
STREET ADDRESS	2362 SW 70TH WAY	23 STREET ADDRESS	3380 N 36 Place
CITY-ST-ZIP	HOLLYWOOD FL	24 CITY-ST-ZIP	Hollywood FL 33021
TITLE	VD	31 TITLE	VPD
NAME	SUSKIND, LAURIE	32 NAME	Mark Roth
STREET ADDRESS	3541 N 55TH AVE	33 STREET ADDRESS	3381 N Park Road
CITY-ST-ZIP	HOLLYWOOD, FL 00000	34 CITY-ST-ZIP	Hollywood FL 33021
TITLE	SD	41 TITLE	SP
NAME	KONHAUZER, CRAIG	42 NAME	Lori Green
STREET ADDRESS	3704 STARBOARD AVE	43 STREET ADDRESS	10518 Zurich Street
CITY-ST-ZIP	COOPER CITY FL	44 CITY-ST-ZIP	Cooper City FL 33026
TITLE	T	51 TITLE	TD
NAME	WILES, DIANE	52 NAME	Laurie Suskind
STREET ADDRESS	4806 ARTHUR ST	53 STREET ADDRESS	3541 N 55 Avenue
CITY-ST-ZIP	HOLLYWOOD FL	54 CITY-ST-ZIP	Hollywood FL 333021
TITLE	D	61 TITLE	VPD
NAME	MARKS, LANNY	62 NAME	Diane Wilen
STREET ADDRESS	8931 SW 57TH ST	63 STREET ADDRESS	4806 Arthur St
CITY-ST-ZIP	COOPER CITY FL	64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE: 1/21/99

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