05-17-1999 90075 014 \*\*\*\*70.00

555847 90075 4 7 \*

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F93000003291

40 EAST 84TH STREET, APT. 4C

WORLD EDUCATION 210 LINCOLN STREET

NEW YORK NY 10003

LAMSTEIN, JOEL

**BOSTON MA 02111** 

Principal Place of Business

AMERICAN JEWISH WORLD SERVICE, INC.

989 SIXTH AV 10TH FLOOR NEW YORK N' US		989 SIXTH AVENUE 10TH FLOOR NEW YORK NY 10018 US						
Principal Place of Business     2a. Mailing Address     25					3. Date Incorporated or Qualif 07/12/1993	be		
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number		Applied For	$\overline{}$
22		27			22-2584370		Not Applica	$\overline{}$
City & State	•	City & State			5. Certifcate of Status Desired		\$8.75 Additional Fee Required	<u>'</u>
Zip	Country	Zip Cou			6. Election Campaign Financia		\$5.00 May Be	
24	25	29 30			Trust Fund Contribution		Added to Fees	
Name and Address of Current Registered Agent					10. Name and Address of Ne	v Register	red Agent	
			81	Name		_		
BAROVICK, RICHARD L			82	Street A	Address (P.O. Box Number is Not Acce	ptable)		
2197 NW 60 ROAD			83	+				
13693 RIVIOLI DRIVE								
PALM BCH GDNS FL 33410			84	City		F	EL 85 Zip Code	
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	C	☐ DELETE	1.1 TITLE		Chairman		Change Add	dition
NAME	ABRAMSON, DONALD M		1.2 NAME	ļ	Donald M. Abrams	on		ı
STREET ADDRESS	40 REEDLAND WOODS WAY		1.3 STREE	T ADDRESS	c/o Kessler-Asher G	roup,	220 Bush St.,	,
CITY-ST-ZIP	TIBURON CA 94920		1.4 CITY-1	ST-ZIP	<u>Suite #580, San Fran</u>	<u>cisco</u>		
TITLE	ST.	☐ DELETE	2.1 TITLE	1			☐ Change ☐ Add	lition
NAME	WIENER, LAWRENCE S		2.2 NAME	ļ				
STREET ADDRESS	123 S. WILLIAMAN DR.		2.3 STREE	TADDRESS				ļ
CITY-ST-ZIP	BEVERLY HILLS CA 90211		2. 4 CITY-	ST-ZIP				
TITLE	TT .	☐ DELETE	3.1 TITLE				Change Add	JIGON
NAME	FRIEDMAN, MARTIN		3.2 NAME					- 1
STREET ADDRESS	200 EAST 33RD ST.			T ADDRESS				Į
CITY-ST-ZIP	NEW YORK NY 10016	[] selete	3.4. CITY-		President		☐ Change ☐ Add	dition
TITLE	PT	☐ DELETE	4.1 TITLE	1	rresident Ruth W. Messinger		⊡roualige [] Add	,,,,,,,,,
NAME	Griffel, andrew		4. 2 NAME	: <u> </u>	vacu M. Messrugei	_		

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 of the sempowered 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 attainment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

RE REQUIRED W. Messinger 5-3-99

4.3 STREET ADDRESS 91 Central Park West

New York, New York 10023

Change

Change

Addition

☐ Addition