FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SPRING VALLEY NY 10977



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M78595

(9)

MONSEY NY 10852-3707

TORAH EDUCATIONAL SOFTWARE, INC.

Principal Place of Business Mailing Address
750 CHESTNUT RIDGE RD. 21 MAIN ST.

FILED Feb 12 1997 8:00am Secretary of State



US						3. Date Incorporated or Qualified 04/29/1988		ate of Last f 01/1996	Report	
	ace of Business	2a. Mailing Address				4. FEI Number	<u> </u>		oplied For	
21 2	MAIN ST	26 Same				65-0058911			ot Applicable	
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		T	Additional equired	
City & State	NJEY NY	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 0 4	Country 25 USA	Zip 29	Coun	itry		8. This corporation has liability for Florida Statutes		tax under :	s. 199.032,	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	gistered	Agent		
	3ram, William		1	B1	Name					
1119 RUSSELL DR. HIGHLAND BEACH FL 33487					82 Street Address (P.O. Box Number is Not Acceptable)					
					Street Address (F.O. Box Number is Not Acceptable)					
ı			[1	B3						
ı			Ī	B4	City		FL	85 Zip	Code	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State of familiar with, and accept the oblig	of Florida. Such change was	authorized	by	the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of	changing ointment a	ts registered registered	
SIGNATURE		,				1984 Table 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
12.	Signature, typed or puried name of registered age	ent and title if applicable (NO D DIRECTORS	TE: Registered	Ager	nt signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CEDE AND	DIRECTO	DC IN 10	
TITLE	VSD	DELETE DELETE	1.1 T)T(<u> </u>		ADDITIONS/CHANGES TO OFFIC	Ens And	Change	Addition	
NAME	MILGRAM, JEFFREY		1.2 NAA					L_ onenge	L. Nadilion	
STREET ADDRESS	21 MAIN ST.				ADDRESS					
CITY-ST-ZIP	MONSEY NY 10952		. I		·					
TITLE	PTD	DELETE	1.4 CIT		1-211			Change	Addition	
NAME	FISHMAN, EMANUEL	<u></u>	2.2 NAM					THE PROPERTY OF	tand 1 tools on	
STREET ADDRESS	21 MAIN ST.		1		ADDRESS					
CITY-ST-ZIP	MONSEY NY 10952		2.4 CIT							
TITLE		DELETE	3.1 TITL		1-54			Change	Addition	
NAME			3.2 NA							
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP			3.4. CIT							
TITLE		DELETE	4.1 TITL					☐ Change	Addition	
NAME		•	4 2 NA							
STREET ADDRESS			•		ADDRESS					
CITY-ST-ZIP			4.4 CiT							
TITLE		☐ DELET e	51 TITL					Change	Addition	
NAMÉ			52 NA)	ME						
STREET ADDRESS			5 3 STR	IEET :	ADDRESS					
CITY - ST - ZIP			5.4 CIT	Y-\$1	T-21P					
TITLE		☐ DELETE	61 TITL			40 At		Change	Addition	
NAME			6.2 NA	ME						
STHEET ADDRESS					ADDRESS					
City-St-ZiP	•		6.4 CIT		. 1					
14. Loo heret	by certify that the information supplie	d with this filing does not qual				ed in Section 119.07(3)(i), Florida Statute	s I furthe	r certify tha	t the	

4. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SUCCESTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97

Daytime Phone #