

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90032 034 ***150.00

**PROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA DI
 Ket
 Sec
 DIVISION

DOCUMENT #

M78595

1. Corporation Name

TORAH EDUCATIONAL SOFTWARE, INC.

Principal Place of Business

455 RT. 306
 MONSEY NY 10952

Mailing Address

455 RT 306
 MONSEY NY 10952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1988

4. FEI Number

65-0058911

Applied For

Not Applicable

5. Certificate of Status Desired

☐ ... \$8.75 Additional
 Fee Required
6. Election Campaign Financing
 Trust Fund Contribution
☐ \$5.00 May Be
 Added to Fees
8. This corporation owns the current year intangible
 Personal Property Tax.
☐ Yes ☐ No

JEFF Milgram
 1119 Russell Drive
 Highland Beach, FL 33487

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent and his or her signature

NOTE: Registered agent signature required when transferring

DATE

7/26/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

VSD
 MILGRAM, JEFFREY
 455 RT 306
 MONSEY NY 10952

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

FSD
 FISHMAN, EMANUEL
 455 RT. 306
 MONSEY NY 10952

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

☐ Change ☐ Addition

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

☐ Change ☐ Addition

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY-ST-ZIP

☐ Change ☐ Addition

10.1 TITLE

10.2 NAME

10.3 STREET ADDRESS

10.4 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)(a), Florida Statutes. I further certify that the information
 indicated on this annual report or supplementary 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 in an attachment with an address with all other like empowered.

SIGNATURE:

Signature of Emanuel Fishman

EMANUEL FISHMAN

6/1/99

914-362-6380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

CR2E034 (11/98)