

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 15 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 # N16810 (6)
 1. Corporation Name:
THE JEWISH GUILD FOR THE BLIND OF FLORIDA INC.

Principal Place of Business: 169 E. FLAGLER ST. #1200 MIAMI, FL 33131	Mailing Address: 169 E. FLAGLER ST #1200 MIAMI, FL 33131.
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3. Date Incorporated or Qualified 09/16/1986	Applied For Not Applicable
4. FEI Number 13 - 1623385	

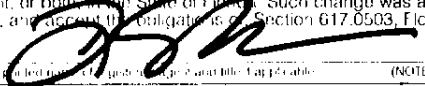
2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent
**MANDEL, DAVID S., ESQ.
 MANDEL & MIXON LLP
 169 EAST FLAGLER ST. SUITE 1200
 MIAMI, FL 33131.**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

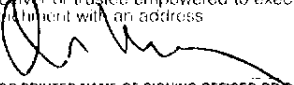
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:  DATE: **5/13/98**

12. OFFICERS AND DIRECTORS	
TITLE	PD ☒ DELETE
NAME	HEIMERDINGER, JOHN F.
STREET ADDRESS	13 WEST 65th STREET
CITY-ST-ZIP	NEW YORK NY 10023
TITLE	JD ☐ DELETE
NAME	MORSE, ALAN R.
STREET ADDRESS	13 WEST 65th STREET
CITY-ST-ZIP	NEW YORK NY 10023
TITLE	CO ☐ DELETE
NAME	DUBIN, JAMES M.
STREET ADDRESS	1285 AVE. OF THE AMERICAS
CITY-ST-ZIP	NEW YORK NY 10019
TITLE	TD ☐ DELETE
NAME	KAHN, THOMAS GRAHAM
STREET ADDRESS	1 EXCHANGE PLACE
CITY-ST-ZIP	NEW YORK NY 10006
TITLE	SD ☐ DELETE
NAME	RAFF, PAULINE
STREET ADDRESS	1185 PARK AVE.
CITY-ST-ZIP	NEW YORK NY 10128
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PD ☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
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 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 registered 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:  DATE: **5/28/98** 212-769-6200

CR2E037 (10/97)