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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N19056 (3)  
1. Corporation Name  
YIDDISH CULTURE CLUB CENTURY VILLAGE WEST, INC.



Principal Place of Business: BRIGHTON A-23 BOCA RATON FL 33434  
Mailing Address: BRIGHTON A-23 BOCA RATON FL 33434

3. Date Incorporated or Qualified: 02/03/1987  
3a. Date of Last Report: 02/15/1996

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

4. FEI Number: 59-2088314  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
FEINERMAN, IRVING  
BRIGHTON A23  
CENTURY VILLAGE WEST  
BOCA RATON FL 33434

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	FEINERMAN, IRVING	
STREET ADDRESS	23 BIRGHTON A	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPST	<input checked="" type="checkbox"/> DELETE
NAME	WASSERMAN, SIDNEY	
STREET ADDRESS	1019 EXETER B	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HUBERMAN, ELIAS	
STREET ADDRESS	117 SUFFOLK C	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, EVA	
STREET ADDRESS	2031 AINSIE B	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEIMAN, ISREAL	
STREET ADDRESS	2018 GUILDFORD A.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BIRNBAUM SAUL	
2.3 STREET ADDRESS	112 FANSHAW C	
2.4 CITY-ST-ZIP	BOCA RATON FL	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KLIGERMAN SOLOMON	
3.3 STREET ADDRESS	2019 EXETER B	
3.4 CITY-ST-ZIP	BOCA RATON FL.	
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HOWYGRD SONIA	
4.3 STREET ADDRESS	3054 LINCOLN C	
4.4 CITY-ST-ZIP	BOCA RATON FL.	
5.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LEITMAN JACK	
5.3 STREET ADDRESS	4041 NEWCASTLE C	
5.4 CITY-ST-ZIP	BOCA RATON FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Irving Feinerman IRVING FEINERMAN Jan. 21st 1997 561-482-5918  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078804

CR2E037 (9/96)