


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N21745					
1. Corporation Name FRIENDS OF JERUSALEM COMMUNITY HEALTH CENTERS, INC.					

Principal Place of Business 40 M+W AGENTS, INC 9100 S. DADELAND BLVD PH-1 MIAMI, FL 33156		Mailing Address 40 M+W AGENTS, INC 9100 S. DADELAND BLVD PH-1 MIAMI, FL 33156-7814	
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2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent M+W AGENTS 40 TESCHER, CHAVES, - HOCHMAN 9100 S. DADELAND BLVD PH-1 MIAMI, FL 33156	
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3. Date Incorporated or Qualified 07/28/1987	
4. FEI Number 65-0010385	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name Same	82 Street Address (P.O. Box Number is Not Acceptable) Boca Corporate Center Suite 216
83 City Boca Raton	84 Zip Code FL 33431

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 DP	<input type="checkbox"/> DELETE
NAME PORUSH, ELAINE	
STREET ADDRESS 34/22 AGASSI ST. HAR-NOF	
CITY-ST-ZIP JERUSALEM, ISRAEL	
TITLE DVP	<input type="checkbox"/> DELETE
NAME KANTAR, LONNIE	
STREET ADDRESS 3690 NE 195 LANE	
CITY-ST-ZIP AVENUE, FL 33180	
TITLE DVP	<input type="checkbox"/> DELETE
NAME KANTAR, CHARLES	
STREET ADDRESS 3690 NE 195 LANE	
CITY-ST-ZIP AVENUE, FL 33180	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME PORUSH, NAFTALI	
1.3 STREET ADDRESS 34/22 AGASSI ST. HAR-NOF	
1.4 CITY-ST-ZIP JERUSALEM, ISRAEL	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 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: _____ DATE: **10/18/98** 999-9008

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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