FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 31 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N31261 (3)

1. Corporation Name

JEWISH BUSINESS AND PROFESSIONAL ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
6315 PRESIDENTIAL CT SUITE A FT. MYERS FL 33919	6315 PRESIDENTIAL CT SUITE A FT. MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1989
3a. Date of Last Report: 02/02/1994
4. FEI Number: 65-0015843 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MYERS, KRAMER, HELENE 6315 PRESIDENTIAL CT. SUITE A FT. MYERS FL 33919	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 Helene Kramer
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FRIED, HERB	12 NAME	
STREET ADDRESS	2524 SE FIRST ST	13 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL 33901	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	KRAMER, HELENE	22 NAME	
STREET ADDRESS	6315-A PRESIDENTIAL CT.	23 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL 33919	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	SHOELFELD, LESLIE	32 NAME	
STREET ADDRESS	15461 QUEENSFERRY DR.	33 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL 33912	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	SIMON, RONALD	42 NAME	
STREET ADDRESS	1342 COLONIAL BLVD.	43 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL 33907	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ESKIN, HAROLD	52 NAME	
STREET ADDRESS	4020 DEL PRADO BLVD.	53 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL 33904	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Helene Myers HELENE MYERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0010433