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May 20 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N31261 (3)

1. Corporation Name

JEWISH BUSINESS AND PROFESSIONAL ASSOCIATION, INC.  
C.

Principal Place of Business

Mailing Address

6237 PRESIDENTIAL CT.  
E  
FT. MYERS FL 33919  
US6237 PRESIDENTIAL CT.  
E  
FT. MYERS FL 33919-3508  
US3. Date Incorporated or Qualified  
03/20/19893a. Date of Last Report  
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 6237 PRESIDENTIAL CT

26 6237 Presidential Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 K

27 E

City &amp; State

City &amp; State

23 FORT MYERS, FL

28 FORT MYERS, FL

Zip

Zip

Country

Country

24 33919

25 LCC

29 33919

30 LCC

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANNETTE GOODMAN  
6237 PRESIDENTIAL CT. #E  
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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ED  
NAME GOODMAN, ANNETTE  
STREET ADDRESS 9891 LAS CASAS DRIVE  
CITY-ST-ZIP FT. MYERS FL1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE SD  
NAME SHOELFELD, LESLIE  
STREET ADDRESS 15461 QUEENSFERRY DR.  
CITY-ST-ZIP FT. MYERS FL 339122.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE TD  
NAME SIMON, RONALD  
STREET ADDRESS 1342 COLONIAL BLVD.  
CITY-ST-ZIP FT. MYERS FL 339073.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D  
NAME ESKIN, HAROLD  
STREET ADDRESS 4020 DEL PRADO BLVD.  
CITY-ST-ZIP CAPE CORAL FL 339044.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
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:

ANNETTE S. Goodman

4/11/97

(94) 481-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0055631

CR2E037 (9/96)