


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).

FILED
Jul 16 1998 8:00am
Secretary of State

| NONPROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|--|--|--|---|--|
| DOCUMENT # N33455 (9) 1. Corporation Name JERUSALEM INSTITUTE FOR WESTERN DEFENSE, INC. | | | | | |
| Principal Place of Business % BERNICE HOROWITZ 1 GROVE ISLE, PH 2 COCONUT GROVE FL 33133 | | Mailing Address % BERNICE HOROWITZ 1 GROVE ISLE, PH 2 COCONUT GROVE FL 33133 | | 3. Date Incorporated or Qualified 07/26/1989 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | | 2a. Mailing Address 26 Suite, Apt. #, etc. | | 4. FEI Number 65-0142848 Applied For Not Applicable | |
| 22 City & State | | 27 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Zip Country | | 28 Zip Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | | 29 | | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 25 | | 30 | | 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 | |
| 9. Name and Address of Current Registered Agent HOROWITZ, BERNICE 1 GROVE ISLE DRIVE #PH2 COCONUT GROVE FL 33133 | | | 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 _____ 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 | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | RAMATI, YOCHANON | 1.2 NAME | | | |
| STREET ADDRESS | 4 EIN ROGEL ST | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | JERUSALEM 03543 | 1.4 CITY-ST-ZIP | | | |
| TITLE | P <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | HOROWITZ, BERNICE | 2.2 NAME | | | |
| STREET ADDRESS | 1 GROVE ISLE DRIVE PH2 | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | COCONUT GROVE FL 33133 | 2.4 CITY-ST-ZIP | | | |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | HOROWITZ, ARTHUR | 3.2 NAME | | | |
| STREET ADDRESS | 1 GROVE ISLE DRIVE PH2 | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | COCONUT GROVE FL 33133 | 3.4 CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MCCOLLUM, TAFFY GOULD | 4.2 NAME | Taffy Gould McCollum | | |
| STREET ADDRESS | 145 SE 25TH RD | 4.3 STREET ADDRESS | 10 Edgewater Drive 14-F | | |
| CITY-ST-ZIP | MIAMI FL 33129 | 4.4 CITY-ST-ZIP | Coral Gables, Florida 33133-6968 | | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | NISKIN, DEBORAH | 5.2 NAME | | | |
| STREET ADDRESS | 3415 CHASE AVENUE | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | 5.4 CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MILLER, DR. DOUG | 6.2 NAME | | | |
| STREET ADDRESS | 510 W. 50TH ST. | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | 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 change or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)