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Jan 21, 1999 8:00am
Secretary of State

01-21-1999 90073 011 ****66.25



NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33455

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/26/1989
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0142848
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	
Zip	Country	6. Election Campaign Financing
24	25	Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
	29	30

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
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 93543	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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOLLUM, TAFFY GOULD	4.2 NAME	
STREET ADDRESS	10 EDGEWATER DR 14-F	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33133	4.4 CITY-ST-ZIP	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)