

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. McPherson
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

65 MAY -1 PM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N40167 (1)**

1. Corporation Name
**COMMISSION FOR JEWISH EDUCATION OF THE PALM BEACH
HES, INC.**

Principal Place of Business	Mailing Address
4603 COMMUNITY DRIVE WEST PALM BEACH FL 33417	4603 COMMUNITY DRIVE WEST PALM BEACH FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/27/1980	3a. Date of Last Report 08/17/1994
4. FEI Number 65-0219982	Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**STEINBERG, BARBARA S.
4603 COMMUNITY DR
WEST PALM BEACH FL 33417**

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 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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	WEINER, ERIC MD
STREET ADDRESS	3199 LAKE WORTH ROAD
CITY - ST - ZIP	LAKE WORTH FL 33481
TITLE	D
NAME	ROSEN, MARVIN S.
STREET ADDRESS	3320 EMBASSY DR.
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	D
NAME	NUSSBAUM, MARK
STREET ADDRESS	222 LAKEVIEW AVENUE, #800
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	D
NAME	SHAPIRO, HOWARD
STREET ADDRESS	11675 HEMLOCK ST
CITY - ST - ZIP	PALM BCH GARDENS FL
TITLE	D
NAME	TOCHNER, MAX
STREET ADDRESS	865 FATHOM RD WEST
CITY - ST - ZIP	N PALM BEACH FL
TITLE	D
NAME	STEINBERG, BARBARA
STREET ADDRESS	331 EAGLETON GOLF DR
CITY - ST - ZIP	PALM BCH GARDENS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6043 WINDING LAKE DR.
3.4 CITY - ST - ZIP	JUPITER, FL 33458
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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: Barbara Steinberg Barbara Steinberg 4/25/95 (407)640-0700