

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001830**

1. Corporation Name

WEST BROWARD JEWISH CENTER, INC.

Principal Place of Business

**9140 N.W. 14TH ST.
PLANTATION FL 33322**

Mailing Address

**P.O. BOX 451138
SUNRISE FL 33345**

FILED
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90121 005 *****61.25

72169-90121-5



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	04/23/1993
22 City & State		27 City & State	4. FEI Number
23 Zip		28 Zip	65-0413777
24 Country		29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301		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	DP	1.1 TITLE	
NAME	SIMON, RON	1.2 NAME	
STREET ADDRESS	412 S.W. 12TH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	DELL, STEVEN	2.2 NAME	
STREET ADDRESS	2404 HOLLYWOOD BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	
NAME	REISS, STANLEY	3.2 NAME	
STREET ADDRESS	9140 N.W. 14 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	GRUVMAN, ED	4.2 NAME	
STREET ADDRESS	4026 INVERRARY BLVD., TOWNHOUSE 8A	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33319	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	
NAME	SABGHIR, J M	5.2 NAME	
STREET ADDRESS	2398 S. DIXIE HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	5.4 CITY-ST-ZIP	
TITLE	DS	6.1 TITLE	
NAME	BUSCH, ALLEN M	6.2 NAME	
STREET ADDRESS	304 NW 97TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION F	6.4 CITY-ST-ZIP	

4. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99 **954-9323**

CR2E037 (1/98)