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).

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

SIGNATURE:

1998⁻



FLORIDA DEPARTMENT OF STATE

FILED

Sep 09 1998 8:00am 8

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002148 (5)

CORAL SPRINGS JEWISH CENTER, INCORPORATED

1400 CORAL SPRINGS DR CORAL SPRINGS FL 33071 US 1400 CORAL SPRINGS DR OCRAL SPRINGS FL 33071 US 3. Date Incorporated or Qualified 05/11/1993 4. FEI Number 65-0574426	Applied For Not Applicable
2. Principal Place of Business 2a. Mailing Address	3.75 Additional
5. Certificate of Status Desired	Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5	5.00 May Be
22 Trust Fund Contribution	ded to Fees
City & State 7. Is this nonprofit corporation a homeowners asso	clation?
23 Zip Country Zip Country 8. This corporation owes or has paid the constant	
Zip Country Zip Country 8. This corporation owes or has paid the control of the c	No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agen	
81 Name BRUCE GLASER	
BRUCE S. BUTLER 82 Street Address (P.O. Box Number is Not Acceptable)	
BRUCE S. BUTLER 82 Street Address (P.O. Box Number is Not Acceptable) 9709 W SAMPLE RD	
CORAL SPRINGS FL 33065	
RAI City (1 o 1 o 1	Zin Code
Colost Springs FL	33067
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	
gent. I am familier with, and accept the obligations of, section 617.0503, Florida Statutes.	
SIGNATURE Bignature, Speak an princed injuries of registered agent and title if applicable. (NOTE: Registered Agent algoriture required when reinstating) DATE	
12. OFFICERS AND DIRECTORS / 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	ECTOPS IN 12
THE DO CONTROL OF THE DOCUMENT	hange Addition
NAME BALTLIN, MARK 12 NAME KENNETH SPECTER	lange Accilled
STREET ADDRESS 8841 N.W. 23 STREET	
CITYSTZIP MARGATE FL / 14 CITYSTZIP CORAL SPRINGS, F(13307)	
TITLE VPD DELETE 21TITLE VICE PRESIDENT DE	hange Addition
NAME ROSENBLUE, RICHARD 222 NAME SHELDON KULIK	
STREET ADDRESS 9264 NW 66 PL 23 STREET ADDRESS 1200 NW 87 AU. # 116 BOX 6	}
CITYSTZIP PARKLAND FL 24 CITYSTZIP CORAC SPRINGS, FL. 33071	
TITLE D = 13.1 TITLE TREASURER D TO	nange Addition
NAME LIANOFF STEVE 132 NAME LAGUE MARCUE	-
STREET ADDRESS 10459 NW 1ST CT. 3.3 STREET ADDRESS 913 RAMBUL WOOD OR.	
CITYSTZIP CORAL SPRINGS FL 34CITYSTZIP CORAL SPRINGS, Ti. 33071	
	nange Addition
NAME BUTLER, BRUCE 42 NAME DI ANE FOGEL	
STREET ADDRESS 11848 N.W. 9TH ST 4.3 STREET ADDRESS 8753 NW 104 ST	
CITYSTZIP CORAL SPRINGS FL 4ACITYSTZIP CORAL SPRINGS FL 3007	
TO TOURS TO THE TOURS TOURS TO THE TOURS TOU	nange Addition
STREET ADDRESS 9985 W ATLANTIC BLVD 5.3 STREET ADDRESS 4323 NW 65th Ter	
NAME BERGER, ADRIENNE STREET ADDRESS 9985 W ATLANTIC BLVD CITY-ST-ZIP CORAL SPRINGS FL 5.2 NAME BRUCK GLASCR 5.3 STREET ADDRESS 4223 NW 65th Tex 5.4 CITY-ST-ZIP CORAL SPRINGS FL 33067	
TITLE	nange Addition
NAME 62 NAME	nange Addition
STREET ADDRESS 6.3 STREET ADDRESS	
City-St-ZiP 6.4 City-St-ZiP	
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)(l), Florida Statutes. I further certify that the 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 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 nature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my nature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my nature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my nature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my nature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my nature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my nature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes.	e Information