

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005736 (4)

1. Corporation Name

DEAN/KLUGER JUDAIC COLLECTION, INC.



Principal Place of Business

Mailing Address

%ALAN J KLUGER
100 CHOPIN PLAZA, SUITE 1970
MIAMI FL 33131

%ALAN J KLUGER
100 CHOPIN PLAZA, SUITE 1970
MIAMI FL 33131

3. Date Incorporated or Qualified
12/22/1993

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0470276

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLUGER, ALAN J
100 CHOPIN PLAZA
SUITE 1970
MIAMI FL 33131

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 then as a public)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ROSENFELD, ALVIN H.
STREET ADDRESS UNIVERSITY OF INDIANA GOODBODY HALL 38
CITY-ST-ZIP BLOOMINGTON IN ☐ DELETE

11 TITLE ☐ Change ☐ Addition

TITLE D
NAME GRAY, ANITA
STREET ADDRESS 16800 PARKLAND DR.
CITY-ST-ZIP SHAKER HEIGHTS OH ☐ DELETE

21 TITLE ☐ Change ☐ Addition

TITLE D
NAME KOHN, RONALD
STREET ADDRESS 3645 NW 50TH STREET
CITY-ST-ZIP MIAMI FL 33142 ☐ DELETE

22 NAME ☐ Change ☐ Addition

TITLE D
NAME KLUGER, ALAN J.
STREET ADDRESS 20023 N.E. 19th Place
CITY-ST-ZIP Miami, FL 33179 ☐ DELETE

31 TITLE ☐ Change ☐ Addition

TITLE D
NAME AMY N. DEAN
STREET ADDRESS 20023 N.E. 19th Place
CITY-ST-ZIP Miami, FL 33179 ☐ DELETE

32 NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

33 STREET ADDRESS ☐ Change ☐ Addition

34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN J. KLUGER
Director

2/23/96
Date

(305) 379-9000
Daytime Phone #

CR2E037 (12/95)