

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 AM 9:45

DOCUMENT # **N94000002304 (3)**

1. Corporation Name

THE JEWISH REPERTORY THEATRE OF BOCA RATON, INC.

Principal Place of Business

Mailing Address

2492 NW 67 ST
BOCA RATON FL 33496

2492 NW 67 ST
BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/05/1994

4. FEI Number

Applied For

65-0507325

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2492 NW 67th St.

25 2492 NW 67 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 BOCA RATON, FL.

City & State

27 BOCA RATON, FL

Zip

Country

24 33496

25 PALMBACH

Zip

Country

29 33496

30 PALMBACH

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

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

LAWSON, JACK S
2492 NW 67 ST
BOCA RATON FL 33496

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 Jack S. Lawson, JACK S. LAWSON, PRODUCER-DIAORA-11-94

Signature, typed or printed name of registered agent and the filer (separate)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LAWSON, JACK S
STREET ADDRESS 2492 NW 67 ST
CITY-ST-ZIP BOCA RATON FL 33496

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D
NAME BRAVERMAN, ARTHUR
STREET ADDRESS 6069 NW 23 AVE
CITY-ST-ZIP BOCA RATON FL 33496

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D
NAME KOROTKIN, MILTON
STREET ADDRESS 10470 BOCA WOODS LN
CITY-ST-ZIP BOCA RATON FL 33428

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D
NAME JACK SHENKMAN
STREET ADDRESS 7385 ORANGEWOOD LN.
CITY-ST-ZIP BOCA RATON, FL. 33423

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D
NAME JACK SAXON HOUSE
STREET ADDRESS 6924 NW 66 DRIVE
CITY-ST-ZIP BOCA RATON, FL. 33496

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition
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 110.07(3)(A), 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:

Jack S. Lawson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JACK S. LAWSON

4-11-94

(Type 14 times)