

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 # N94000002304 (3)

1. Corporation Name

THE JEWISH REPERTORY THEATRE OF BOCA RATON, INC.



Principal Place of Business

Mailing Address

2492 NW 67TH STREET
BOCA RATON FL 33496

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BOCA RATON FL 33496

3. Date Incorporated or Qualified: **05/05/1994**
3a. Date of Last Report: **04/14/1995**

21. Principal Place of Business: **2492 NW 67th St.**

2a. Mailing Address

4. FEI Number: **65-0507325**
Applied For: Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

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

23. City & State: **BOCA RATON, FL**

28. City & State

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

24. Zip: **33496** Country: **USA**

29. Zip Country

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 67TH STREET
BOCA RATON FL 33496**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHENKMAN, JACK	1.2 NAME	
STREET ADDRESS	7383 ORANGWOOD LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33433	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAXONHOUSE, JACK	2.2 NAME	
STREET ADDRESS	6424 NW 66TH DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33496	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABOT, JOSEPH	3.2 NAME	
STREET ADDRESS	3115 S. OCEAN BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	HIGHLAND BEACH FL 33487	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHENKMAN, JACK	4.2 NAME	
STREET ADDRESS	7383 ORANGWOOD LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAXONHOUSE, JACK	5.2 NAME	
STREET ADDRESS	6424 NW 66 DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack S. Lawson

2-10-96

Date:

407-994-8722

Daytime Phone #

CR2E037 (12/95)