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**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90032 003 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N95000000631**

1. Corporation Name

**FLORIDA-ISRAEL CHAMBER OF COMMERCE EDUCATIONAL  
INSTITUTE, INC.**

Principal Place of Business  
225 SOUTH FEDERAL HWY.  
2ND FLOOR  
DEERFIELD BEACH FL 33441

Mailing Address  
225 SOUTH FEDERAL HWY.  
2ND FLOOR  
DEERFIELD BEACH FL 33441



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/08/1995</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0563034</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

**RUDDY, CHARLES J  
225 S. FEDERAL HIGHWAY  
2ND FLOOR  
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUDDY, CHARLES J</b>	1.2 NAME	
STREET ADDRESS	<b>225 S. FEDERAL HWY., 2ND FLOOR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33441</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FALIC, SIMON</b>	2.2 NAME	
STREET ADDRESS	<b>11701 NW 101 RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHAFLER, ALAN L</b>	3.2 NAME	
STREET ADDRESS	<b>2035 STAY SAIL LN</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLTZ, LEON</b>	4.2 NAME	
STREET ADDRESS	<b>2151 LEJEUNE RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALLEN, SAM</b>	5.2 NAME	<b>Ballen, Sam</b>
STREET ADDRESS	<b>2255 GLADES RD, STE 324 ATRIUM</b>	5.3 STREET ADDRESS	<b>2101 Corporate Blvd, Ste 101</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	5.4 CITY-ST-ZIP	<b>Boca Raton, FL 33431</b>
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 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**

Date

Daytime Phone #

CR2E037 (11/98)

*January 13, 1999 954-420-5888*