## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97; \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**BOCA RATON FL 33433** 

appears in Block 12 or Block 13 if cha

CITY-ST-ZIP

Aug 19 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # N95000004595 (3) BOCA RATON JUDAIC FELLOWS PROGRAM, INC. Principal Place of Business Mailing Address 7900 MONTOYA CIRCLE SOUTH 7900 MONTOYA CIRCLE SOUTH **BOCA RATON FL 33433 BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 09/27/1995 04/06/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0619773 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible □ No 30 Yes Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name UNGER, AHARON 82 Street Address (P.O. Box Number is Not Acceptable) 7900 MONTOYA CIRCLE SOUTH 83 **BOCA RATON FL 33433** City Zip Code Sections 617 502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered bott. In the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of Section 617.0503, Florida Statutes. 11. Pursuant to the provisions office or registered agent SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13 (497) DELETE TITLE 1.1 TITLE Change Addition NAME UNGER, AHARON 1.2 NAME STREET ADDRESS 22274 MORNING GLORY TERR. 1.3 STREET ADDRESS CITY-ST-ZIE BOCA RATON FL 33433 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME KLEIN, JEFFREY 7905 TENNYSON CT. 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETÉ Change Addition TITLE 3.1 TITLE TOBIN, MARC 3.2 NAME NAME 7350 ANDORRA PL 3.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME SENDERS, MYER 4. 2 NAME 22202 HOLLYHOCK TRAIL STREET ADDRESS 4.3 STREET ADDRESS **BOCA RATON FL 33433-F** 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 51 TITLE TITLE Dean Rabbi Kenneth Brander 7900 montoya circle NAME ALBERT, KAREN 5.2 NAME STREET ADDRESS 22256 HOLLYHOCK TRAIL 5.3 STREET ADDRESS Boca Raton, FL 33433 CITY-ST-ZIP **BOCA RATON FL 33433** 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE CHARME, DIANE 6.2 NAME NAME STREET ADDRESS 7921 TENNYSON CT. **6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP 4. I do 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 phnual 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 of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Plock 12 or Block 13 if the procedure on an affairance in with an address.

RECHIRGE

**FILED**