

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002229 (0)**
1. Corporation Name

JEWISH SENIOR RESOURCE CENTER, INC.



Principal Place of Business 4601 COMMUNITY DR WEST PALM BEACH FL 33417-2760	Mailing Address 4601 COMMUNITY DR WEST PALM BEACH FL 33417-2716
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3. Date Incorporated or Qualified 04/22/1996	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 65-0673249	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent KLEIN, JEFFREY L 4601 COMMUNITY DR WEST PALM BEACH FL 33417-2760	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	KLEIN, JEFFREY L
STREET ADDRESS	4601 COMMUNITY DR
CITY-ST-ZIP	WEST PALM BEACH FL 33417-2760
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KATZ, MARTIN V
STREET ADDRESS	625 N FLAGLER DR 9TH FLOOR
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MARLIN, PENNY
STREET ADDRESS	4601 COMMUNITY DR
CITY-ST-ZIP	WEST PALM BEACH FL 33417-2760
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P MILLER, ALAN H.
2.3 STREET ADDRESS	1 LAKE TRAIL CIRCLE
2.4 CITY-ST-ZIP	PALM BEACH, FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KATZ, STANLEY M.
3.3 STREET ADDRESS	2 N. BREAKERS ROW
3.4 CITY-ST-ZIP	PALM BEACH, FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S/T JACOBSON, SID
4.3 STREET ADDRESS	360 S. OCEAN BLVD.
4.4 CITY-ST-ZIP	PALM BEACH, FL
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D GACKENHEIMER, E. DREW
5.3 STREET ADDRESS	4847 FRED GLADSTONE DR.
5.4 CITY-ST-ZIP	WEST PALM BEACH, FL
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D GOLDBLUM, NORMAN P.
6.3 STREET ADDRESS	109 EVERGLADES AVE.
6.4 CITY-ST-ZIP	PALM BEACH, FL

14. 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 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 its predecessor 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, change or deletion attachment with an address.

SIGNATURE:  6/21/97 561-471-5111

CR2E037 (9/96)