

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90127 022 ****61.25

DOCUMENT # N96000003862

1. Corporation Name

JEWISH INSTITUTE FOR THE ARTS, INC.

Principal Place of Business
9557 INSLAMORADA TERRACE
BOCA RATON FL 33496

Mailing Address
9557 INSLAMORADA TERRACE
BOCA RATON FL 33496

504110 - 90127 - 22



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/23/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0689674	
Country		Country		Applied For	
24		29		Not Applicable	
25		30		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

GOLDBERG, SHALOM J
9557 INSLAMORADA TERRACE
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

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 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

4/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, SHALOM J	1.2 NAME	
STREET ADDRESS	9557 INSLAMORADA TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPERLING, JUDITH	2.2 NAME	VICTOR GOLOBERG
STREET ADDRESS	3395 N. DIXIE HWY #3	2.3 STREET ADDRESS	173 DORAL CT.
CITY-ST-ZIP	BOCA RATON FL 33431	2.4 CITY-ST-ZIP	ROSLYN NY 11574
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, RACHEL	3.2 NAME	
STREET ADDRESS	9557 INSLAMORADA TERRACE	3.3 STREET ADDRESS	9557 INSLAMORADA TERRACE
CITY-ST-ZIP	BOCA RATON FL 33496	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTOR, HARVEY PHD	4.2 NAME	
STREET ADDRESS	6100 PITCH LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACHACTER, MICHAEL	5.2 NAME	WACHALTER, MICHAEL
STREET ADDRESS	494 ELM AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORMAN OK 73069	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWIAILO, MAYER	6.2 NAME	
STREET ADDRESS	4014 GUILFORD A CENTURY VILLAGE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99 561. 750. 9773

CR2E037 (1/98)