## FILE NOW: FILING FEE IS \$61.25

ONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9700000786 (0)

1. Corporation Name												
JEWISH RESIDENTIAL AND FAMILY SERVICES, INC.												
SETTION REGIDERALY VIAN LAMBIEL SEUAIGES! 1140.										T YORANGA DIA MANIFARKI ORAN DANIK DANIK DANIK ORAN ARAN ARAN ARAN ARAN ARAN ARAN ARAN		
Principal Place of Business Mailing Address										i colinge and the colin		
4805 COMMUNITY DRIVE 4805 COMMUNITY DRIVE										3. Date Incorporated or Qualified		
WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417						3417				02/10/1997		
										4. FEI Number Applied For		
										65-0737159 Not Applicable		
2. Principal P	tace of Busi	ness		2a. Mailing Address						5. Certificate of Status Desired \$8.75 Additional		
Suite, Apt. #, etc.					Sulte. Apt. #, etc.					/ Fee Required		
22	w, <del>0</del> 10.			27						6. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & State	e			City & State						7. Is this nonprofit corporation a homeowners association?		
23				28						☐ Yes    No		
ZIP			ountry Z <sub>t</sub> p			$\vdash$	Country			8. This corporation owes or has paid the current year Intangible		
24			Address of Company	29 30 30 urrent Registered Agent			<u> </u>			Personal Property Tax due June 30. Yes X No  10. Name and Address of New Registered Agent		
	y, Name	MINU	MODITOR OF CONTENT	veðis	relet Apelit		81	Nai	ne	10. Hairie and Address of New Hegistered Agent		
LAMPERT, MICHAEL A ESQUIRE												
							82	Street Address (P.O. Box Number is Not Acceptable)				
1655 PALM BEACH LAKES BLVD. SUITE 900												
WEST PALM BEACH FL 33401-2225								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.												
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.												
SIGNATURE	Steen to be a	4			Manager AND	TE Da			atura ara dra	ad when reinstating) DATE		
Signature, typed or printed name of registered agent and trie if applicable (NOTE: Register  12. OFFICERS AND DIRECTORS  13.								aric ecgn	alora radone	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D		DELETE 1.1 TI					Τ	Change Addition			
NAME ABRAMSON, LAWRENCE M E									1			
STREET ADDRESS 1860 FOREST HILL BLVD., SU								ADDRE	ss			
CITY-ST-ZIP		ALN	BEACH FL 33406				1.4 CITY -	T-ZIP	_			
TITLE	D		4 04001		<i>T</i>			2.1 TITLE 22 NAME		Change Addition		
NAME 070557 4000500			M, CAROL NTRY CLUB DRIVE					ADDRE				
STREET ADDRESS   CITY+ST-ZIP	ATLANT				2.4 CI			<b>"</b> ∤				
TITLE	D	<u> </u>	L 00702		<b>⊠</b> D€LETE				<u> 7</u>	KENSURER DIR Change X Addition		
NAME	JACOB!	-		3.1 TITLE 3.2 NAME	•	DA	FRRY ROSENBLUM					
STREET ADDRESS	360 S. OCEAN BLVD.						3.3 STREET ADDRESS			S NORTHUMBERLAND CT		
CITY-ST-ZIP							3.1. CITY-	ST-ZIP		veilington F1 32414		
TITLE	D				DELETE	Į	4.1 TITLE	Þ		Addition Change Addition		
NAME	1,000,1,000						4. 2 NAME		، وي ا	NATHON D. RUBINS 542 BEACONHILL RD		
STREET ADDRESS								ADORE		ALM BEACH GARDENS FI 33401		
CITY-ST-ZIP TITLE	D PALM B	EAU	H GARDENS FL 33	418	DELETE		4.4 CITY-: 5.1 TITLE	T-ZIP D		Addition		
NAME		et ic	R DALF A ESD		end vectil		5.2 NAME	U	16	ALF A KONIGS BURG		
STREET ADDRESS							5.3 STREE	ADDRF		WAN BEHONDOINCLE		
CITY-ST-ZIP	14 TAT 54144 551411 54 4444							T-ZIP		WEST PALM BEHUH HI 38407		
TITLE	D				DELETE	_	6.1 TITLE		PK	RESIDENT MICHAEL NOSE. Change Addition		
NAME	LAMPER	RT, A	IICHAEL A ESQ.				6.2 NAME		1	AMPERT, MICHAEL H, ESC. 970 BUXGOYNE LANE		
STREET ADDRESS	TREET ADDRESS 2970 BURGOYNE LANE									970 1000 00000 -1100		
CITY-ST-ZIP	WEST P	ALN	BEACH_FL 33409				6.4 CITY-:	T-21P	<u>u</u>	PEST PALM BENEHFI 33409		

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.

SIGNATURE:

1/2/97

**FILED** 

Apr 17 1998 8:00am

Secretary of State

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