FILE NOW: FILING FEE IS \$61.25						FILED			
			FLORIDA DEPART	MENT OF STATE	— M	av 20	1997 8:	00am	
	PORATION		Sandra B.	Mortham		_			
ANNUAL REPORT			Secretary of State DIVISION OF CORPORATIONS			Secreta	ary of S	tate	
DOCUI	MENT #	P39581	(4)						
TOURC) college fo	Undation for	Jewish Studies,	INC					
Principal Place of Business Mailing Address							I NART DENKE DIVERIE ALDER D	I AN DI AN AND	
4000 HOLLYWO HOLLYWOOD F	od Blvd., Suite 53 (L 3302)		00 HOLLYWOOD BLVD., 8 DLLYWOOD FL 33021-6751	uite 530N			·····		
					3. Date Incorp 07/07	orated or Qualified	3a. Date of Last F 05/01/19		
2. Principal P	lace of Business	28 26	Mailing Address		4. FEI Numbe 13-36	39225	·+	pplied For ot Applicable	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.	······································	5. Certificate (of Status Desired		Additional equired	
City & State	6	28	City & State			mpaign Financing Contribution		May Be to Fees	
Zip 24	25 Cou	unity 29	Zip	Country	8. This corpor Florida Stat		intanglible tax under a		
		dress of Current Regi		61] Name		Address of New R			
KLURMA	N, SISEL				Address (P.O. Box Nur	nber is Not Accepta	ble)		
4000 HC	DLLYWOOD 530 N VOOD FL 33021			83					
nollin	1000 11 33021			84 City			85 Zip	Code	
11. Pursuant	to the provisions of \$	Sections 617,0502 and	617.1508, Florida Statutes	s, the above-named	corporation submits th	is statement for the	Purpose of changing i	its registered	
	egistered agent, or I im familiar with, and	both, in the State of Flor accept the obligations (617.1508, Florida Statuter ida. Such change was au of, Section 617.0503, Flor	ithorized by the cor ida Statutes.	poration's board of dire	ctors. I hereby acce	apt the appointment as	s registered	
SIGNATURE	Stgnature, typed or printed	name of registered agent and lit		Registered Agent signature	and the second		DATE		
12 . TITLE	DV	OFFICERS AND DIRE		13, 1.1 TITLE	ADDITIONS	CHANGES TO OFFI	ICERS AND DIRECTO	RS IN 12	
NAME	HASTEN, MARI			1.2 NAME				1200	
STREET ADDRESS	3901 WEST 86			1.3 STREET ADDRESS					
CITY-ST-2IP TITLE	INDIANAPOLIS DP		DELETE	1.4 CITY - ST - ZIP 2.1 TITLE			Change	Addition	
NAME	KLURMAN, SIS	EL		2.2 NAME					
STREET ADDRESS		OOD BLVD 530N		2.3 STREET ADDRESS					
CITY · ST · ZIP	HOLLYWOOD	FL		2. 4 CITY-ST-ZIP		in			
TOLE	DST		DELETE	3.1 TITLE			Change	Addition	
NAME STREET ADDRESS	LANDER, BERN 350 FIFTH AVE			3.2 NAME 3.3 STREET ADDRESS					
CITY-ST-ZIP	NEW YORK NY			3.4. CITY-ST-ZIP					
TITLE			DELETE	4.1 TITLE			Change	Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET ADDRESS					
CITY - ST - ZIP			DELETE	4.4 CITY-ST-ZIP			Change	Addition	
TITLE NAME				5.1 TITLE 5.2 NAME			L number		
STREET ADDRESS				5.3 STREET ADDRESS					
CITY - S1 - ZIP				5.4 CITY-ST-ZIP					
TITLE			DELETE	6.1 TITLE	[Change	Addition	
NAME				6.2 NAME					
STREET ADDRESS	ļ			6.3 STREET ADDRESS	l				
CITY-ST-ZIP	by certify that the lof	ormation supplied with	this filing does not qualify	64 CITY-ST-ZIP	stated in Section 119.0	7(3)(i), Florida Stetut	es. I further certify the	t the	
l lamano	officer or director of t	he corporation or the re	this filing does not qualify mental annual report is tru- ceiver or trustee empower a alfachment with an addr	ess.	report as required by C	li have the same leg Chapter 617, Florida	al effect as if made un Statutes; and that my	nder oath; that name	
SIGNAT	_	SSUDNAL	Q-DEFE	Sisel Klur Resilent	man	4/30/97	954-985-	-2400	
	BIONA	TURE AND TYPED OR PRINTE	D NAME OF SIGNING OFFICER	OR DIRECTOR		Date	Daytime Phone #	0021547	