

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000011858 (7)

1. Corporation Name

JEWISH MEMORIAL SOCIETY, INC.



Principal Place of Business

111 SKOKIE BLVD  
WILMETTE IL 60091

Mailing Address

% ARTHUR J. GROSSBERG  
3201 N 72ND AVE  
HOLLYWOOD FL 33024

3. Date Incorporated or Qualified

12/15/1992

3a. Date of Last Report

04/03/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

4126 NORLAND AVENUE

Suite, Apt. #, etc.

27

City & State

28

BURNABY, B.C.

29

V5G 3S8

30

Country

CANADA

4. FEI Number

36-3858967

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

000001794710  
-04/25/96--01071--010

83

84 City

\*\*\*200.00

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if any.

(Date). Registered Agent Signature (if not the same as above)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, JOEL W	
STREET ADDRESS	111 SKOKIE BLVD.	
CITY-ST-ZIP	WILMETTE IL 60091	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	CUTLER, NORMAN	
STREET ADDRESS	111 SKOKIE BLVD.	
CITY-ST-ZIP	WILMETTE IL	
TITLE	ASAT	<input checked="" type="checkbox"/> DELETE
NAME	MCLANEY, MELISSA L	
STREET ADDRESS	111 SKOKIE BLVD.	
CITY-ST-ZIP	WILMETTE IL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	COHN, MARVIN	
STREET ADDRESS	55 EAST MONROE ST.	
CITY-ST-ZIP	CHICAGO IL	
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	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	ZIP = 60091	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LOEWEN, RAYMOND L.	
3.3 STREET ADDRESS	4126 NORLAND AVENUE	
3.4 CITY-ST-ZIP	BURNABY, B.C. V5G 3S8	
4.1 TITLE	DAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HYNDMAN, PETER S.	
4.3 STREET ADDRESS	4126 NORLAND AVENUE	
4.4 CITY-ST-ZIP	BURNABY, B.C. V5G 3S8	
5.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WEINSTEIN, ROBERT A.	
5.3 STREET ADDRESS	335 W. DUNDEE ROAD	
5.4 CITY-ST-ZIP	BUFFALO GROVE, IL-60089-3545	
6.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WRIGHT, GARY L.	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed during an attachment with an address.

PETER S. HYNDMAN MARCH 19, 1996 (604) 299-9321

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE PREPARED

CR2E034 (12/95)

PROFIT CORPORATION ANNUAL REPORT  
JEWISH MEMORIAL SOCIETY, INC.

13.	CONTINUED:	ADDITION
7.1	TITLE:	V
7.2	NAME:	WEINSTEIN, MARK
7.3	STREET ADDRESS	111 SKOKIE BOULEVARD
7.4	CITY-ST-ZIP:	WILMETTE, IL 60091
8.1	TITLE:	V
8.2	NAME:	GROSSBERG, ARTHUR
8.3	STREET ADDRESS:	3201 N. 72ND AVENUE
8.4	CITY-ST-ZIP:	HOLLYWOOD, FL. 33024
9.1	TITLE:	AS
9.2	NAME:	BIRCH, TIMOTHY A.
9.3	STREET ADDRESS:	50 EAST RIVERCENTER BLVD.
9.4	CITY-ST-ZIP:	COVINGTON, KY 41011