

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

1-2

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P92000011858 (7)

1. Corporation Name

JEWISH MEMORIAL SOCIETY, INC.



Principal Place of Business

Mailing Address

111 SKOKIE BLVD
WILMETTE IL 60091

% 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 4126 NORLAND AVENUE

23 City & State

27 Suite, Apt. #, etc.
28 BURNABY, B.C.

24 Zip Country

29 V5G 3S8 30 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**

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 date of filing

Date of Registered Agent Signature (if not the same as date of filing)

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

11 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	D CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP	ZIP = 60091	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	LOEWEN, RAYMOND L.	
33 STREET ADDRESS	4126 NORLAND AVENUE	
34 CITY-ST-ZIP	BURNABY, B.C. V5G 3S8	
41 TITLE	DAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	HYNDMAN, PETER S.	
43 STREET ADDRESS	4126 NORLAND AVENUE	
44 CITY-ST-ZIP	BURNABY, B.C. V5G 3S8	
51 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	WEINSTEIN, ROBERT A.	
53 STREET ADDRESS	335 W. DUNDEE ROAD	
54 CITY-ST-ZIP	BUFFALO GROVE, IL-60089-3545	
61 TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	WRIGHT, GARY L.	
63 STREET ADDRESS		
64 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 or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 (12/95)

74.25

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