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Apr 27, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000011858

1. Corporation Name
JEWISH MEMORIAL SOCIETY, INC.



Principal Place of Business 111 SKOKIE BLVD WILMETTE IL 60091	Mailing Address 4126 NORLAND AVE. BURNABY BC., CANADA V5G 3S8
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/15/1992	
21	22	26	27	4. FEI Number 36-3358967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NONE Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEINSTEIN, JOEL W	1.2 NAME	MARK WEINSTEIN
STREET ADDRESS	111 SKOKIE BLVD.	1.3 STREET ADDRESS	111 SKOKIE BLVD.
CITY-ST-ZIP	WILMETTE IL 60091	1.4 CITY-ST-ZIP	WILMETTE, IL 60091
TITLE	DCEO <input type="checkbox"/> DELETE	2.1 TITLE	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTLER, NORMAN	2.2 NAME	
STREET ADDRESS	111 SKOKIE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILMETTE IL 60091	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOEWEN, RAYMOND L.	3.2 NAME	ARTHUR GROSSBERG
STREET ADDRESS	4126 NORLAND AVE.	3.3 STREET ADDRESS	3201 NORTH 72ND AVENUE
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8	3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	DAS <input type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HYNDMAN, PETER S.	4.2 NAME	SEAN M. GILCHRIST
STREET ADDRESS	4126 NORLAND AVE.	4.3 STREET ADDRESS	801 TEAS ROAD
CITY-ST-ZIP	BURNABY BC., CANADA V5G 3S8	4.4 CITY-ST-ZIP	CONROE, TX 77303-1606
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, ROBERT A.	5.2 NAME	
STREET ADDRESS	335 W. DUNDEE RD.	5.3 STREET ADDRESS	24100 NORTH HIGHWAY 45
CITY-ST-ZIP	BUFFALO GROVE IL 60089-3545	5.4 CITY-ST-ZIP	VERNON HILLS, IL 60061-3180
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASHNER, JEFFREY L	6.2 NAME	GEORGE M. AMATO
STREET ADDRESS	801 TEAS ROAD	6.3 STREET ADDRESS	4145-58TH STREET
CITY-ST-ZIP	CONROE TX 77303	6.4 CITY-ST-ZIP	WOODSIDE, NY 11377

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** PETER S. HYNDMAN April 20, 1999 (604) 299-9321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #