

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **709512** (8)
1. Corporation Name
YOUNG ISRAEL OF SKYLAKE, INC.

APPROVED
AND
FILED
95 APR 17 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE	
1850 N.E. 183 STREET NORTH MIAMI BEACH FL 33179		1850 N.E. 183 STREET NORTH MIAMI BEACH FL 33179		3. Date Incorporated or Qualified 08/31/1965	3a. Date of Last Report 04/14/1994
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1106922	Applied For Not Applicable
21		26		5. Certificate of Status Desired	<input type="checkbox"/> \$0.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State		City & State		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required
22		27		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
23		28		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HOFFMAN, MARTIN I. 633 N.E. 167TH STREET N. MIAMI BEACH FL 33162				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHECTMAN, PHILIP	1 2 NAME	
STREET ADDRESS	1300 MIAMI GARDENS DR	1 3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BCH, FL 00000	1 4 CITY - ST - ZIP	
TITLE	V	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, DAVID	2 2 NAME	
STREET ADDRESS	1551 MIAMI GARDENS DR, #B-122	2 3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BEACH, FL 00000	2 4 CITY - ST - ZIP	
TITLE	VD	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORETSKY, PHILIP	3 2 NAME	
STREET ADDRESS	1660 NE 191 ST #309	3 3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BEACH, FL 00000	3 4 CITY - ST - ZIP	
TITLE	PD	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEICHER, MILTON	4 2 NAME	
STREET ADDRESS	1350 NE 191 ST #108	4 3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BEACH, FL 00000	4 4 CITY - ST - ZIP	
TITLE	T	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABEL, ABRAHAM	5 2 NAME	
STREET ADDRESS	1745 NE 179 ST	5 3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BEACH, FL 00000	5 4 CITY - ST - ZIP	
TITLE	SD	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVENDER, SOPHIE	6 2 NAME	
STREET ADDRESS	1601 NE 191 ST. #413	6 3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BEACH, FL 00000	6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Milton Gleicher - President
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR