

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
1850 N.E. 183 STREET NORTH MIAMI BEACH FL 33179 1850 N.E. 183 STREET NORTH MIAMI BEACH FL 33179-5034

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 08/31/1965 3a. Date of Last Report 01/29/1996
4. FEI Number 59-1106922 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

9. Name and Address of Current Registered Agent
HOFFMAN, MARTIN I.
633 N.E. 167TH STREET
N. MIAMI BEACH FL 33162

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S SCHECTMAN, PHILIP	11 TITLE	S SIGMAN, THEODORE
NAME	1300 MIAMI GARDENS DR	12 NAME	1950 N.E. 186 DR.
STREET ADDRESS	N MIAMI BCH, FL 00000	13 STREET ADDRESS	NORTH MIAMI BEACH, FL 33179
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	V WEINSTEIN, DAVID	21 TITLE	WEINSTEIN, DAVID
NAME	1551 MIAMI GARDENS DR, #B-122	22 NAME	1551 MIAMI GARDENS DR. #B-122
STREET ADDRESS	N MIAMI BEACH, FL 00000	23 STREET ADDRESS	N MIAMI BEACH, FL 33179
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	VD PORETSKY, PHILIP	31 TITLE	D PORETSKY, PHILIP
NAME	1660 NE 191 ST #309	32 NAME	1660 NE 191 ST #309
STREET ADDRESS	N MIAMI BEACH, FL 00000	33 STREET ADDRESS	N MIAMI BEACH, FL 33179
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	PD GLEICHER, MILTON	41 TITLE	D GLEICHER, MILTON
NAME	1350 NE 191 ST #108	42 NAME	1350 NE 191 ST #108
STREET ADDRESS	N MIAMI BEACH, FL 00000	43 STREET ADDRESS	N MIAMI BEACH, FL 33179
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	T GABEL, ABRAHAM	51 TITLE	D GABEL, ABRAHAM
NAME	1745 NE 179 ST	52 NAME	1745 NE 179 ST
STREET ADDRESS	N MIAMI BEACH, FL 00000	53 STREET ADDRESS	N MIAMI BEACH, FL 33162
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	SD LAVENDER, SOPHIE	61 TITLE	D JLEDERMAN, ESTHER
NAME	1601 NE 191 ST. #413	62 NAME	1601 NE 191 ST #201
STREET ADDRESS	N MIAMI BEACH, FL 00000	63 STREET ADDRESS	N MIAMI BEACH, FL 33179
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* *Milton Gleicher* *Philip Sigman* *Philip Sigman*

CR2E037 (9/96)