

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1996 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 709512 (8)

1. Corporation Name
YOUNG ISRAEL OF SKYLAK, 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

3. Date Incorporated or Qualified 08/31/1965	3a. Date of Last Report 04/17/1995
4. FEI Number 59-1106922	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title of applicant (NOTE: Registered Agent signature required when reinstating)

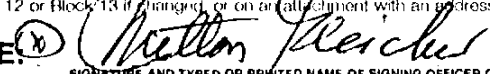
12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	SCHECTMAN, PHILIP
STREET ADDRESS	1300 MIAMI GARDENS DR
CITY-ST-ZIP	N MIAMI BCH, FL 00000
TITLE	V <input type="checkbox"/> DELETE
NAME	WEINSTEIN, DAVID
STREET ADDRESS	1551 MIAMI GARDENS DR, #B-122
CITY-ST-ZIP	N MIAMI BEACH, FL 00000
TITLE	VD <input type="checkbox"/> DELETE
NAME	PORETSKY, PHILIP
STREET ADDRESS	1660 NE 191 ST #309
CITY-ST-ZIP	N MIAMI BEACH, FL 00000
TITLE	PD <input type="checkbox"/> DELETE
NAME	GLEICHER, MILTON
STREET ADDRESS	1350 NE 191 ST #108
CITY-ST-ZIP	N MIAMI BEACH, FL 00000
TITLE	T <input type="checkbox"/> DELETE
NAME	GABEL, ABRAHAM
STREET ADDRESS	1745 NE 179 ST
CITY-ST-ZIP	N MIAMI BEACH, FL 00000
TITLE	SD <input type="checkbox"/> DELETE
NAME	LAVENDER, SOPHIE
STREET ADDRESS	1601 NE 191 ST, #413
CITY-ST-ZIP	N MIAMI BEACH, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Jan 23, 1996 **1-305-945-8712**
Date Daytime Phone #

CR2E037 (12/95)