

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709512 (8)

1. Corporation Name
YOUNG ISRAEL OF SKYLAKE, INC.



Principal Place of Business 1850 N.E. 183 STREET NORTH MIAMI BEACH FL 33179	Mailing Address 1850 N.E. 183 STREET NORTH MIAMI BEACH FL 33179
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3. Date Incorporated or Qualified 08/31/1965		
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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. Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**HOFFMAN, MARTIN I.
833 N.E. 187TH 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 if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	SIGMAN, THEODORE	
STREET ADDRESS	1950 N.E. 188 DR.	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WEINSTEIN, DAVID	
STREET ADDRESS	1551 MIAMI GARDENS DR, #B-122	
CITY-ST-ZIP	N MIAMI BEACH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PORETSKY, PHILIP	
STREET ADDRESS	1660 NE 191 ST #309	
CITY-ST-ZIP	N MIAMI BEACH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLEICHER, MILTON	
STREET ADDRESS	1350 NE 191 ST #108	
CITY-ST-ZIP	N MIAMI BEACH, FL 00000	
TITLE	D	<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	LEDERMAN, ESTHER	
STREET ADDRESS	1801 N.E. 1919 ST., #201	
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	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SCHWARTZ, LOUIS J.	
2.3 STREET ADDRESS	1750 N.E. 191 St. #200	
2.4 CITY-ST-ZIP	No. Miami Beach, FL 33179	
3.1 TITLE	PAST PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HONORARY BOARD MEMBER	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gleicher, Milton	
4.3 STREET ADDRESS	1350 N.E. 191 St. #108	
4.4 CITY-ST-ZIP	No. Miami Beach, FL 33179	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GABEL, ABRAHAM	
5.3 STREET ADDRESS	1745 N.E. 179 St.	
5.4 CITY-ST-ZIP	No. Miami Beach, FL 33162	
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 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 4/16/98 1-301-892-8922*

CR2E037 (10/97)