

FILE NOW: FILING FEE IS \$61.25

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04-23-1999 90225 008 ****61.25

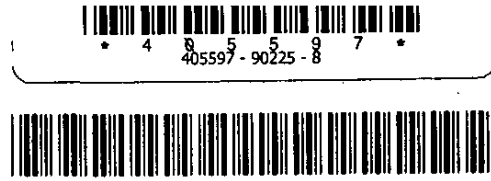
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709512

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/31/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1106922
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIGMAN, THEODORE	1.2 NAME	
STREET ADDRESS	1950 N.E. 186 DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, LOUIS J	2.2 NAME	
STREET ADDRESS	1750 NE 191 ST STE 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI BEACH FL 33179	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEICHER, MILTON	3.2 NAME	
STREET ADDRESS	1350 N E 191 ST STE 108	3.3 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI BEACH FL 33179	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABEL, ABRAHAM	4.2 NAME	
STREET ADDRESS	1745 N E 179 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH, FL 00000 33162	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEDERMAN, ESTHER	5.2 NAME	SD
STREET ADDRESS	1601 N.E. 1919 ST., #201	5.3 STREET ADDRESS	BARUCH RABINOWITZ
CITY-ST-ZIP	N MIAMI BEACH, FL 00000	5.4 CITY-ST-ZIP	1300 Miami Gardens Dr. #214 E N Miami Beach, FL 33179
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Theodore Sigman* **REQUIRED** 4/19/99 (305) 945-8712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037-(11/98)