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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 714320 (9)
1. Corporation Name
MENORAH CENTER, INC.



Principal Place of Business: 250 58TH STREET NORTH ST. PETERSBURG FL 33710
Mailing Address: 250 58TH STREET NORTH ST. PETERSBURG FL 33710

3. Date Incorporated or Qualified: 03/26/1968
4. FEI Number: 59-1268962
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent: RENFROW, ROBERT P, 5858 CENTRAL AVE, ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent (81-85)

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN, PHILIP D	1.2 NAME	
STREET ADDRESS	8850 SUNSET WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 0	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTNER, TED	2.2 NAME	
STREET ADDRESS	5899 CENTRAL AVE, STE. 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 0	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVKIND, HAROLD D	3.2 NAME	
STREET ADDRESS	7400 SUN ISLE DR S., #308	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 0	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALPRIN, DAVID	4.2 NAME	
STREET ADDRESS	8881 49TH ST N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, JERRY	5.2 NAME	
STREET ADDRESS	301-81ST STREET, NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, ABE	6.2 NAME	
STREET ADDRESS	6132 - 4TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	

Vice President
HAROLD D RIVKIND
7400 SUN ISLAND, ST PETERSBURG FL 33707

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: _____ DATE: 1/14/98 013-260-1345

CR2E037 (10/97)