

4590 CENTRAL AVENUE
ST. PETERSBURG, FLORIDA. 33711

LEONARD LUBIN
ALLEN R. SANDERS

March 21, 1968

PHONE 894-2124

Secretary of State
Tallahassee, Florida 32304

14,320

Re: Articles of Incorporation
Menorah Center, Inc.
A corporation not for profit

FILED
 MAR 22 1968
 ST. PETERSBURG
 FLORIDA

Dear Sir:

I enclose original and one copy of the captioned duly executed and acknowledged, together with my trust account check in the amount of \$30.00 to cover costs thereof as follows: \$25.00 filing fee, \$3.00 for certification of copy enclosed and \$2.00 payment of Resident Agent fee.

Trusting this all meets with your approval, I am

Cordially,

Leonard Lubin

Leonard Lubin

*OB
Sen*

NON-PROFIT SEAL

C. TAX	25.00
FILING	3.00
AGENT	3.00
COPY	
TOTAL	30.00
N. BANK	30.00
BALANCE DUE	
REFOUND	

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persons on a non-profit, substantially below-cost basis, rental

housing and related facilities and services specially designed

to meet the physical, social, and psychological needs of the

and for their health, security, happiness and well-being

ARTICLES OF INCORPORATION

of

MEMORAH CENTER, INC.

A Corporation Not for Profit

We, the undersigned, residents of the State of Florida, do hereby associate ourselves into a corporation not for profit under and by virtue of the Laws of the State of Florida, particularly Chapter 17, Florida Statutes, 1967, with the intention of providing rental housing and related facilities and services for use and occupancy by elderly families and elderly persons under the conditions hereinafter set forth.

FIRST: The name of this corporation (hereinafter sometimes referred to as the Corporation) is: MEMORAH CENTER, INC.

SECOND: The purpose for which the Corporation is formed and the business and objects to be carried on and promoted by it are as follows:

A. To provide for elderly families and elderly persons on a non-profit, substantially below-cost basis, rental housing and related facilities and services specially designed to meet the physical, social and psychological needs of the aged and for their health, security, happiness and usefulness in longer living.

B. To plan, construct, operate, maintain and improve rental housing and related facilities and services for elderly families and elderly persons.

C. To acquire by gift or purchase, hold, sell, convey, assign, mortgage or lease any property, real or personal, necessary or incident to the provision of rental housing and related facilities.

D. To borrow money and issue evidence of indebtedness in furtherance of any or all of the objects of its business; and to secure loans by mortgage, pledge, deed of trust or other lien.

FILED
MAY 29 1968
STATE OF FLORIDA

D. To apply for, obtain and contract with any Federal agency for a direct loan or loans or other financial aid in the form of mortgage insurance or otherwise for the provision of rental housing and related facilities and services for elderly families and elderly persons.

F. To exercise the powers permitted non-profit corporations under Chapter 617 of the Florida Statutes; provided, however, that this corporation, in exercising any one or more of such powers shall do so in furtherance of the exempt purpose for which it has been organized as described in Section 501(c)(3) of the Internal Revenue Code.

THIRD: The corporation formed hereby is also authorized to enter into a Regulatory Agreement with the Secretary of Housing and Urban Development to carry out the provisions of Section 202 of the Housing Act of 1959, and any amendments thereto. Upon execution, the Regulatory Agreement shall be binding upon the Corporation, its successors and assigns, so long as any loan under Section 202 of the Housing Act of 1959, as amended, is outstanding and for such further period of time as may be agreed to by the corporation.

FOURTH: The affairs of the corporation shall be managed by a Board of Directors consisting of not fewer than seven directors elected by the members of the corporation in the manner provided for in the By-laws of the corporation. The qualifications of the directors, together with their terms of office, manner of election, removal, change of number, filling of vacancies, and of newly created directorships, powers, duties and liabilities shall, except as otherwise provided in these Articles or by the laws of the State of Florida, be as prescribed in the By-laws.

The names and post office addresses of the persons who shall serve as directors until their successors are duly qualified are as follows:

ROUBEN E. HALPRIN

2272 W. Vlna Del Mar Blvd.
St. Petersburg Beach, Florida

MAURICE A. GOLDBLATT

6445 Fourth Avenue North

SIDNEY COLETT	6421 - 25th Avenue North St. Petersburg, Florida
DR. HAROLD W. RIVERHILL	1172 Fifth Avenue North St. Petersburg, Florida
DR. PHILIP BENJAMIN	929 - 19th Avenue North St. Petersburg, Florida
MURRAY M. JACOBS	1830 Central Avenue St. Petersburg, Florida
TED P. WITTNER	3663 Central Avenue Post Office Box 13029 St. Petersburg, Florida

In addition to the named directors, Rabbi Morris B. Chapman shall be an ex-officio director of the corporation, without vote. The directors shall serve without compensation. The terms shall be: two directors for a one-year term, two directors for a two-year term and three directors for a three-year term. In addition, the ex-officio director shall serve from year to year. Elections of directors shall be held at the annual meetings of directors in July of each year, commencing with the annual meeting of directors of July 1969. The directors herein named shall serve until the said election.

FIFTH: The principal officers of the corporation shall be a President, one or more Vice Presidents, a Secretary and a Treasurer, all of whom shall be elected by the Board of Directors from among its members. No two offices, except that of Secretary and Treasurer, may be held by the same person. The Board of Directors may appoint an Assistant Secretary, an Assistant Treasurer, and such other officers as in their judgment may be necessary.

The names of the persons who are to serve as officers of the corporation until the first meeting of the Board of Directors are:

<u>OFFICE</u>	<u>NAME</u>	<u>ADDRESS</u> ✓
President	DR. PHILIP BENJAMIN	929 - 19th Avenue North St. Petersburg, Florida
Vice President	MURRAY M. JACOBS	1830 Central Avenue St. Petersburg, Florida
Secretary-Treasurer	TED P. WITTNER	3663 Central Avenue Post Office Box 13029 St. Petersburg, Florida

At the first meeting of the Board of Directors, officers shall be elected by the Board to serve until the first annual meeting of the Board of Directors; thereafter, the officers shall be elected by the Board of Directors at its annual meeting and, unless sooner removed by the Board, shall serve for a term of one year and until their successors are elected and qualified. The officers shall serve without compensation.

SIXTH: Membership in the corporation shall be limited to persons of good moral character who have demonstrated, by their deeds, their desire to be of service to others. Members shall be admitted by unanimous vote of the Board of Directors of the corporation.

SEVENTH: By-laws of the corporation shall be adopted by the directors and may be amended only as provided therein, provided that such By-laws and amendments thereto shall not conflict with the provisions of these Articles of Incorporation or of the Regulatory Agreement.

EIGHTH: These Articles of Incorporation, except Articles Third, Seventh, Eighth and Tenth hereof, may be amended by a vote of two-thirds of the directors of the corporation at any annual meeting, or a special meeting called for that purpose.

NINTH: The duration of this corporation shall be perpetual.

TENTH: No part of the net earnings of this corporation shall be distributed to, or inure to the benefit of any member, director or officer of this corporation, contributor or private individual. Upon dissolution of this organization all of its assets remaining after payment of all costs and expenses of such dissolution shall be distributed to organizations which have qualified for exemption under Section 501(c)(3) of the Internal Revenue Code, or to the Federal government, or to a State or local government, for a public purpose, and none of the assets will be distributed to any member, officer, or trustee of this organization.

ELEVENTH: In furtherance and not in limitation of the general powers conferred by the laws of the State of Florida, the Board of

Directors is expressly authorized to designate, by appropriate By-laws, or by resolutions passed by a majority of the whole membership of the Board, two or more of its number to constitute a committee or committees, with such name or names as may be stated in the By-laws or as may be determined from time to time by resolution of the Board of Directors, which committee or committees, to the extent provided in such resolution or resolutions or in the By-laws of the corporation, shall have and may exercise the powers of the Board of Directors in the management of the work and affairs of the corporation, and may have power to authorize the seal of the corporation to be affixed to all papers which may require it.

TWELFTH: Any present or future director or officer of the corporation and any present or future director or officer of any other corporation serving as such at the request of the corporation because of the corporation's interest in such other corporation, or the legal representative of any such director or officer, shall be indemnified by the corporation against reasonable costs, expenses (exclusive of any amount paid to the corporation in settlement) and counsel fees paid or incurred in connection with any action, suit or proceeding to which any such director or officer or his legal representative may be made party by reason of his being or having been such director or officer; provided, (1) said action, suit or proceeding shall be prosecuted against such director or officer or against his legal representative to final determination, and it shall not be finally adjudged in said action, suit or proceeding that he had been derelict in the performance of his duties as such director or officer, or (2) said action, suit or proceeding shall be settled or otherwise terminated as against such director or officer or his legal representative without a final determination on the merits, and it shall be determined by the Board of Directors or in such other manner as may be provided in the

By-laws that said director or officer had not in any substantial way been derelict in the performance of his duties as charged in such action, suit or proceeding. The privilege and power conferred by this act shall be in addition to and not in restriction or limitation of any other privilege or power which a corporation of the State of Florida may have with respect to the indemnification or reimbursement of directors or officers.

IN WITNESS WHEREOF, we, the undersigned, do subscribe and acknowledge this Certificate of Incorporation and accordingly have hereunto set our hands and seals this 21st day of March, 1968.

Philip Benjamin
DR. PHILIP BENJAMIN, PRESIDENT

Murray M. Jacobs
MURRAY M. JACOBS, VICE PRESIDENT

Ted P. Wittner
TED P. WITNER, SECRETARY-TREASURER

STATE OF FLORIDA)
COUNTY OF PINELLAS) SS:

I hereby certify that on this day, before me, a Notary Public duly authorized to take acknowledgments, personally appeared DR. PHILIP BENJAMIN, MURRAY M. JACOBS and TED P. WITNER, to me known to be the persons described in the foregoing Certificate of Incorporation, as subscribers, and who executed said Certificate and acknowledged before me that they subscribed the same.

WITNESS my hand and official seal this 21st day of March, 1968.

Jan Mince
NOTARY PUBLIC

My Commission expires:

NOTARY PUBLIC, STATE OF FLORIDA at LARGE
MY COMMISSION EXPIRES DEC. 11, 1968
BONDER THRU MAYNARD BONDING AGENCY

Corporation Report for Foreign and Domestic Corporations

(Not For Profit and Exempt (Section 808.32(2), Florida Statutes)

State of Florida
TOM ADAMS
SECRETARY OF STATE
Tallahassee, Florida

Refer to This Number
in All Correspondence

1968 Jun 23 11:34

62-15-NP-714320

1968

NP-4380

~~MENORAH CENTER~~ ~~1867~~ ~~STATE~~
~~670 DR PHILIP BENJAMIN~~ ~~ALABAMA~~ ~~FLORIDA~~
~~929 19TH AVENUE NORTH~~
~~ST PETERSBURG FLA 33713~~

*To Ted P. Wittner
3463 Central Avenue
Post Office Box 13029
St. Petersburg, Florida*

<p>1. <u>MENORAH CENTER, INC.</u> <small>(Give exact name of corporation)</small></p> <p>3. <u>c/o Ted P. Wittner, P.O. Box 13029, St. Petersburg, Pinellas, Florida</u> <small>(Street or Post Office Box of principal place of business) (City) (County) (State)</small></p> <p>4. a. <u>Dr. Philip Benjamin</u> <u>President</u> <u>929 - 19th Ave No, St. Petersburg, Fla.</u> <small>(Officers-Name) (Title) (Address)</small></p> <p style="margin-left: 20px;">b. <u>Murray M. Jacobs</u> <u>Vice President</u> <u>1830 Central Avenue, St. Petersburg</u></p> <p style="margin-left: 20px;">c. <u>Ted P. Wittner, Secretary-Treasurer</u> <u>P.O. Box 13029, St. Petersburg, Fla.</u></p> <p>5. a. <u>Dr. Philip Benjamin</u> <u>929 - 19th Ave. No.</u> <u>St. Petersburg, Fla.</u></p> <p style="margin-left: 20px;">b. <u>Murray M. Jacobs</u> <u>1830 Central Ave.</u> <u>St. Petersburg, Fla.</u></p> <p style="margin-left: 20px;">c. <u>Ted P. Wittner</u> <u>P.O. Box 13029</u> <u>St. Petersburg, Fla.</u></p> <p style="margin-left: 20px;">d. <u>Rouben E. Halprin, 2272 W Vine Del Mar Blvd, St. Petersburg Beach, Fla.</u></p> <p style="margin-left: 20px;">e. <u>Maurice A. Goldblatt</u> <u>6445 - 4th Ave. No.</u> <u>St. Petersburg, Fla.</u></p> <p style="margin-left: 20px;">f. <u>Sidney Colen</u></p> <p style="margin-left: 20px;">g. <u>Dr. Harold C. Rivkind</u> <u>6272 - 5th Ave. No.</u> <u>St. Petersburg, Fla.</u></p> <p>6. <u>TED P. WITTNER</u>, <u>3663 Central Avenue, P. O. Box 13029 St. Petersburg, Fla.</u> <small>(Resident Agent Name) (Address)</small></p>	<p>2. _____ <small>(General nature of business or activity)</small></p>
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Insurance companies are not to complete item 6 pursuant to Section 824.0221, Florida Statutes.

7. Last meeting of Directors 3-28-68 8. Corporation Active? Yes 9. If inactive, inactivity began _____
(Month - Day - Year) (Yes or No) (Month - Day - Year)

10. If inactive, will corporation begin business in the future? _____ 11. Date Incorporated 3-26-68 12. If foreign corporation, Date Qualified in Fla. _____
(Yes or No) (Month - Day - Year) (Month - Day - Year)

13. If foreign corporation, give the number of States in which you do business. _____ 14. We, the undersigned, certify the above statements to be true and correct as shown by our books.

Murray M. Jacobs - V. Pres.
By Murray M. Jacobs President or V-President

MENORAH CENTER, INC.
Attest: *Ted P. Wittner*
Secretary

STATE OF FLORIDA
COUNTY OF PINELLAS

Personally appeared before me TED P. WITTNER
who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 24th day of July, 1968.

(Notary Seal) NOTARY PUBLIC, STATE OF FLORIDA AL LARUE
MY COMMISSION EXPIRES JULY 23, 1969
BONDED THROUGH FRANK W. DISTELHORST

Signature of Notary taking acknowledgment _____

ST. PETERSBURG, FLORIDA 33713

PHONE 884-3131

March 16, 1970

Mrs. Carol Watford
Corporate Division
Secretary of State
Tallahassee, Florida 32304

FILED
MAR 19 10 01 AM '70
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Menorah Center, Inc.
Amendment to Certificate of Incorporation

Dear Mrs. Watford:

Pursuant to our telephone conversation this day, I enclose ³⁰⁰ 20.00 original and one copy each of Amendment to Certificate of Incorporation and Resolution - Statement of Approval therefor of Menorah Center, Inc., together with my check in the amount of \$20.00 to cover costs thereof.

Will you kindly provide me with certified copy of the Amendment with Resolution attached and a certified copy of the original Certificate of Incorporation of March 26, 1968. As explained to you, these are needed immediately in regard to an FHA closing.

Thanking you for your co-operation, and if there should be any questions or any additional sums needed, please telephone this office collect at once.

Cordially,

Leonard Lubin

LL: jm

C. TAX	
FILING	20.00
C. COPY	
R. A. FEE	
P. COPY	
STAMP	
TOTAL	20.00
BALANCE DUE	
REFUND	

adjust to 3

PHOTO COPY

AMENDED CERTIFICATE OF INCORPORATION

OF

MEMORAH CENTER, INC.
A Corporation Not For Profit

FILED
MAY 19 10 02 AM '78
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We, the undersigned, all being of full legal age, and all being residents of the State of Florida, do hereby associate ourselves for the purpose of amending and we do hereby amend the Articles of Incorporation heretofore issued and do hereby publish this amended Certificate of Incorporation of Menorah Center, Inc., a Corporation not for profit, under and by virtue of the laws of the State of Florida, and we hereby further certify that:

ARTICLE I

- (a) The name of the Corporation is Menorah Center, Inc. (hereinafter referred to as "the Corporation").
- (b) The existence of the Corporation will be perpetual.
- (c) The principal office of the Corporation will be located in St. Petersburg, Pinellas County, Florida.
- (d) The resident agent of the Corporation is Ted P. Wittner, whose post office address is 3663 Central Avenue, P. O. Box 13029, St. Petersburg, Florida.

ARTICLE II

The purposes for which the Corporation is formed, and the business and objects to be carried on and promoted by it, are as follows:

- (a) To provide for lower income elderly or handicapped families and persons on a nonprofit below cost basis rental housing and related facilities and services specially designed to

meet the physical, social and psychological needs of the aged or handicapped, and contribute to their health, security, happiness, and usefulness in longer living. Lower income elderly persons and families displaced from urban areas or as a result of governmental action shall be given priority where no adequate housing exists for such groups, pursuant to Section 236 of the National Housing Act, as amended.

- (b) The Corporation is irrevocably dedicated to and operated exclusively for, nonprofit purposes; and no part of the income or assets of the corporation shall be distributed to, nor inure to the benefit of, any individual.

ARTICLE III

The Corporation is empowered:

- (a) To buy, own, sell, convey, assign, mortgage or lease any interest in real estate and personal property and to construct, maintain and operate improvements thereon necessary or incident to the accomplishment of the purposes set forth in Article II hereof.
- (b) To borrow money and issue evidence of indebtedness in furtherance of any or all of the objects of its business, and to secure the same by mortgage, pledge or other lien on the Corporation's property.
- (c) To do and perform all acts reasonably necessary to accomplish the purposes of the Corporation, including the execution of a Regulatory Agreement with the Secretary of Housing and Urban Development, acting by and through the Federal Housing Commissioner, and of such other instruments and undertakings as may be necessary to enable the Corporation to secure the benefits of financing with the assistance of mortgage insurance under the provisions

of the National Housing Act. Such Regulatory Agreement and other instruments and undertakings shall remain binding upon the Corporation, its successors and assigns, so long as a mortgage on the Corporation's property is insured or held by the Secretary of Housing and Urban Development.

(d) No part of the net earnings of this corporation shall be distributed to or inure to the benefit of, any member, director or private individual. In the event of dissolution, winding up, or other liquidation of the assets of this corporation, its assets shall be distributed to nonprofit and charitable corporations or institutions as shall qualify for exemption under Section 501(c) (3) of the IRS Code of 1954 as may be designated by the Directors to be used for purposes similar to those of this corporation. Provided, however, that the corporation shall at all times have the power to convey any or all of its property to the Secretary of Housing and Urban Development or his nominee.

ARTICLE IV

The number of directors of the Corporation shall be at least seven (7) in number, and shall be elected by the members of the Corporation from the membership. The directors of the Corporation must, at all times, be members of the Corporation and must be members of the sponsoring organization, Congregation B'Nai Israel of St. Petersburg, Florida. No nonmember of the Corporation may sit as a director. The original and present directors,

and the term for which each shall serve are set below:

	<u>Term</u>
<u>Rouben Halprin</u>	<u>One Year</u>
<u>Maurice Goldblatt</u>	<u>One Year</u>
<u>Sidney Colen</u>	<u>Two Years</u>
<u>Dr. Harold G. Rivkind</u>	<u>Two Years</u>
<u>Dr. Philip Benjamin</u>	<u>Three Years</u>
<u>Murray M. Jacobs</u>	<u>Three Years</u>
<u>Ted P. Wittner</u>	<u>Three Years</u>

The directors shall serve without compensation. In addition to the named directors, Rabbi Morris B. Chapman shall serve as ex-officio director of the Corporation, without vote.

Membership in the Corporation shall, at all times, be limited to individuals who are either directors or members of the sponsoring organization, Congregation B'Nai Israel, St. Petersburg, Florida, and who have the approval of the Board of Directors of the said Congregation B'Nai Israel.

In the event that a member of the Corporation ceases to be a director of said Congregation B'Nai Israel, or, if the afore-said approval is withdrawn, then, in either event, such shall constitute automatic resignation as a member and director of the Corporation.

The officers of the Corporation, as provided by the By-Laws of the Corporation, shall be elected by the directors of the Corporation, in the manner therein set out, and shall serve until their successors are elected and have qualified. The directors shall elect the regular officers of the Corporation at the annual meeting, for terms of one year. The secretary and treasurer may

be one and the same person, and need not be a director of the Corporation. Other officers must be directors of the Corporation.

The annual meeting shall be held on the FAST 11/30/70 in July of each year.

ARTICLE V

By-laws of the Corporation may be adopted by the directors at any regular meeting or any special meeting called for that purpose, so long as they are not inconsistent with the provisions of these Articles or of the Regulatory Agreement between the Corporation and the Secretary of Housing and Urban Development, pursuant to Article III hereof.

ARTICLE VI

So long as a mortgage on the Corporation's property is insured or held by the Secretary of Housing and Urban Development, these Articles may not be amended without the prior written approval of the said Secretary.

Signed by the incorporators this 16th day of March, 1970.

	<u>Address</u>
<u>Philip Benjamin</u> Dr. Philip Benjamin	8286 - 30th Avenue, North St. Petersburg, Florida
<u>Murray M. Jacobs</u> Murray M. Jacobs	7791 - 18th Avenue, North St. Petersburg, Florida
<u>Ted P. Wittner</u> Ted P. Wittner	3663 Central Avenue St. Petersburg, Florida

STATE OF FLORIDA }
COUNTY OF PINELLAS } SS:

I HEREBY CERTIFY that on this day, before me, a Notary Public,

authorized to take acknowledgements, personally appeared all of the above persons who executed this instrument, to me known to be the persons described therein, as subscribers, and who executed the same and acknowledged before me that they subscribed the same.

WITNESS my hand and official seal this 16th day of March, 1970, in St. Petersburg, Pinellas County, Florida.


NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE
MY COMMISSION EXPIRES JULY, 23, 1973
BONDED THRU FRED W. DIESTELHORST

RESOLUTION--STATEMENT OF APPROVAL FOR AMENDMENT OF CHARTER OF
MENORAH CENTER, INC.

At a Special Meeting of the Members (Stockholders)
and Directors of MENORAH CENTER, INC. held on March 8, 1970
the following resolution was unanimously adopted:

That, the Charter of the corporation be forth-
with amended in the form hereto attached and
that the Officers be instructed forthwith to
do everything necessary in connection therewith.

SIGNED in St. Petersburg, Florida this 16th day
of MARCH, 1970.

Chely Benjamin
President

Attest:

[Signature]

I HEREBY CERTIFY that the foregoing is true and
correct, this 16th day of MARCH, 1970.

[Signature]
Secretary
MENORAH CENTER, INC.

FILED
Oct 28 3 08 PM '82
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE & CUS Sent

REINSTATEMENT
FILED 10/28/82

INVOLUNTARILY
DISSOLVED 10/21/74

Menorah Center, Inc.

REINSTATEMENT	15
<i> </i>	
<i> </i>	
REGISTERED AGENT	3
72 Privilege Tax	10
73 Annual Report	10
74 Annual Report	10
75 Annual Report	10
76 Annual Report	10
77 Annual Report	10
78 Annual Report	10
79 Annual Report	10
80 Annual Report	10
81 Annual Report	10
82 Annual Report	10
TOTAL	<u>131</u>
Refund	

016 594- 10/25/82

15.00

016 594- 10/25/82

15.00

R.M. 11/1

714320

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1982



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
Oct 28 3 08 PM '82

SECRETARY OF STATE
Tallahassee, Florida
Read Notice and Instructions on Other Side Before Making Filing
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

Menorah Center, Inc.
250 - 58th Street North
St. Petersburg, Florida 33710

2 Enter Change of Address of Corporation Principal Office, P.O. Box Number, APO or FPO, NOT SUFFICIENT

Street Address: 006 5944 10/29/82

P.O. Box No: 006 5944 10/29/82 131.00

City: _____

State: _____ Zip Code: _____

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

3 Date Incorporated or Qualified To Do Business in Florida: **March 26, 1968**

4 Federal Employer Identification Number (EIN): **59-1268962**

5 Date of Last Report: _____

6 Names and Street Addresses of Each Officer and Director:

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
Dr. Philip Benjamin	Pres.	929 1st Ave. N.	St. Petersburg, Fl. 33705
Murray M. Jacobs	V. Pres.	7400 Sun Island Dr. S. #511	St. Petersburg, Fl. 33707
Ted P. Wittner	Sec. Treas.	5999 Central Ave.	St. Petersburg, Fl. 33710
Dr. Harold C. Rivkind	Asst. Sec. Treas.	7400 Sun Island Dr. S. #308	St. Petersburg, Fl. 33707
Sidney Colen	Dir.	6001 25th Ave. N.	St. Petersburg, Fl. 33710
Rouben Halprin	Dir.	8730 49th St. N.	Binellas Park, Fl. 33565
Rabbi Morris B. Chapman	Dir.	5830 Bahama Way	St. Petersburg Beach, Fl. 33706
Rabbi Jacob Luski	Dir.	301 59th St. N.	St. Petersburg, Fl. 33710

Registered Agent Information

7 Name and Address of Current Registered Agent: _____

8 Name and Address of New Registered Agent:

Name: **ROBERT P. RENFROW**

Street Address (Do NOT Use P.O. Box Number): **4154 Central Avenue**

City, State and Zip Code: **St. Petersburg, FL 33711**

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: **October 21, 1982**

SIGNATURE: *[Signature]* DATE: **Oct 26 1982**

(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

10 See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath.

Signature: *[Signature]* Date: **10-26-82**

Typed Name of Signing Officer: **PHILIP BENJAMIN** Title: *[Signature]* Telephone Number: **822.37.37**

CONF 520 (11-81)

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1983



George Firestone
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

JAN 31 1 31 PM 1983

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office		2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.	
714320 MENORAH CENTER, INC. 250 58TH STREET NORTH ST. PETERSBURG, FLORIDA 33710		Street Address	
		P.O. Box No.	
		City	
		State	
		Zip Code	

3. Date Incorporated or Qualified To Do Business in Florida. 03/26/1968	4. Federal Employer Identification Number 59-1268962	5. Date of Last Report 10/28/1982
-------------------------------------------------------------------------	------------------------------------------------------	-----------------------------------

6. Names and Street Addresses of Each Officer and Director.			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
BENJAMIN, DR. PHILIP	P	929 1ST AVE. N.	ST. PETERSBURG, FL
JACOBS, MURRAY M.	V	7400 SUN ISLAND DR. S#511	ST. PETERSBURG, FL
WITNER, TED P.	S/T	5999 CENTRAL AVE. 10Y	ST. PETERSBURG, FL
RIVKIND, DR. HAROLD C.	A/S/T	7400 SUN ISLAND DR. S#511	ST. PETERSBURG, FL
COLEN, SIDNEY	D	6001 25TH AVE. N.	ST. PETERSBURG, FL
HALPRIN, ROUBEN	D	8730 49TH ST. N.	PINELLAS PARK, FL

Registered Agent Information	
7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
RENFROW, ROBERT P. 4154 CENTRAL AVENUE ST. PETERSBURG, FLORIDA 33711	Name Street Address (Do NOT Use P.O. Box Number) City, State and Zip Code

9. Pursuant to the provisions of Sections 807.034 and 807.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.


10 See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 807 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath.

Signature <i>Philip Benjamin</i>	Date January 10, 1983
Typed Name of Signing Officer Philip Benjamin	Telephone Number 813-347-5191
Title President	

COR 620 (1/83)

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

<p>CORPORATION ANNUAL REPORT 1984</p>	 <p>FLORIDA DEPARTMENT OF STATE George Firestone Secretary of State DIVISION OF CORPORATIONS</p>	<p>DO NOT WRITE IN THIS SPACE APPROVED AND FILED MAY 15 11 50 AM 1984</p>
------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

Read Notice and Instructions on Other Side Before Making Entries. Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State, Florida

<p>1. Name and Address of Corporation Principal Office</p> <p>714320 MENORAH CENTER, INC. 250 58TH STREET NORTH ST. PETERSBURG, FLORIDA 33710</p> <p>If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.</p>	<p>2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.</p> <p>Street Address</p> <p>P.O. Box No.</p> <p>City</p> <p>State Zip Code</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>3. Date Incorporated or Qualified To Do Business in Florida 03/26/1968</p>	<p>4. Federal Employer Identification Number (FEIN) 59-1268962</p>	<p>5. Date of Last Report 01/31/1983</p>
-------------------------------------------------------------------------------	--------------------------------------------------------------------	------------------------------------------

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1983			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1 BENJAMIN, PHILIP DR	P	929 1ST AVENUE NORTH	ST PETERSBURG, FL 0
2 WITTNER, TED P	S/T	5999 CENTRAL AVENUE	ST PETERSBURG, FL 0
3 JACOBS, MURRAY M	V	7400 SUN ISLD DR S #511	ST PETERSBURG, FL 0
COLEN, SIDNEY	D	6001 25TH AVENUE NORTH	ST PETERSBURG, FL 0
4 RIVKIND, HAROLD C DR	A/S/T	7400 SUN ISLD DR S #308	ST PETERSBURG, FL 0
5 HALPRIN, ROUBEN	D	8730 49TH STREET NORTH	PINELLAS PARK, FL 0

Registered Agent Information	
7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
<p>RENFROW, ROBERT P. 4154 CENTRAL AVENUE ST. PETERBURG, FLORIDA 33711</p>	<p>Name</p> <p>Street Address (Do NOT Use P.O. Box Number)</p> <p>City, State and Zip Code</p>

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on:

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

10. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

* *Philip Benjamin* 3/27/84
Signature Date

M. Bill Newman 1/27/84
Typed Name of Signing Officer Philip Benjamin Title President Telephone Number 898-3155
M. Bill Newman Administrator 347-5191

11. Should you desire a certificate of status check the box below and include an additional \$5.00 with your payment

CERTIFICATE OF STATUS DESIRED
\$5 Additional fee required for certificates

COR 607 (1-84)

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1985



FLORIDA DEPARTMENT OF STATE
Treasury & Finance
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

APPROVED
AND
FILED

Read Notice and Instructions on Other Side Before Making Filing Fee of \$20 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation or Principal Office

2 Enter Change of Address of Corporation Principal Office (Do NOT Use Post Office Box Numbers)

3 Enter Change of Address of Corporation Principal Office (Do NOT Use Post Office Box Numbers)

Street Address

P.O. Box No.

City

State

Zip Code

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

4 Date Incorporated or Qualified to Do Business in Florida 03/26/1968

5 Federal Employer Identification Number 53-1268962

6 Date of Last Report 05/16/1984

7 Names and Street Addresses of Each Officer and Director as of December 31, 1984

Name of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1 BENJAMIN, PHILIP DR	P	929 1ST AVENUE NORTH	ST PETERSBURG, FL 0
2 WITNER, TED P	S/T	5999 CENTRAL AVENUE	ST PETERSBURG, FL 0
3 JACOBS, MURPAY M	V	7400 SUN ISLD DR S #511	ST PETERSBURG, FL 0
4 COLEN, SIDNEY	D	1001 25TH AVENUE NORTH	ST PETERSBURG, FL 0
5 RIVKIND, HAROLD C DP	A/S/T	7400 SUN ISLD DR S #308	ST PETERSBURG, FL 0
6 HALPRIN, ROUBEN	D	3730 49TH STREET NORTH	PINELLAS PARK, FL 0

8 Registered Agent Information

9 Name and Address of Current Registered Agent

10 Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

11 Pursuant to the provisions of Sections 607.014 and 607.017, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida. Such change was authorized by resolution duly adopted by its board of directors on _____ and hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

12 I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath (Officer signing to be listed in Block 8)

Signature _____ Date FEB 19, 1985

Typed Name of Signing Officer PHILIP BENJAMIN, Title PRESIDENT Telephone Number 347-5191

13 Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED \$5 additional fee required for a Certificate of Status

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1986



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

APPROVED
AND
FILED
MAR 25 2 32 PM 1986

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office.		2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient	
714320 MENOPAH CENTER, INC. 250 58TH STREET NORTH ST. PETERSBURG, FLORIDA 33710		Street Address 21	
If above address is incorrect in any way, enter the correct address in item 2 include Zip Code		P.O. Box No. 22	
		City and State 23	
		Zip Code 24	

3. Date Incorporated or Qualified To Do Business in Florida	03/26/1968	4. Federal Employer Identification Number (FEIN)	59-1268962	5. Date of Last Report	02/26/1985
-------------------------------------------------------------	------------	--------------------------------------------------	------------	------------------------	------------

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1985				
1. Names of Officers and Directors	2. Title	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State	
BENJAMIN, PHILIP DR	P	929 1ST AVENUE NORTH	ST PETERSBURG, FL 0	
WITNER, TED P	S/T	5999 CENTRAL AVENUE	ST PETERSBURG, FL 0	
JACOBS, MURRAY M	V	7400 SUN ISLD DR S #511	ST PETERSBURG, FL 0	
RIVKIND, HAROLD C DR	A/S/T	7400 SUN ISLD DR S #308	ST PETERSBURG, FL 0	
HALPRIN, ROUBEN	D	8730 49TH STREET NORTH	PINELLAS PARK, FL 0	

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
RENFROW, ROBERT P. 4154 CENTRAL AVENUE 3603 ST. PETERSBURG, FLORIDA 33711		Name 81	
		Street Address (Do NOT Use P.O. Box Number) 82	
		City and State 83	Zip Code 84
		FL.	

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on: _____

I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

10. See signature restrictions under instructions on reverse side of this form.
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer signing must be listed in Block 6)

Signature	<i>Philip Benjamin</i>	Date	3-11-86
Typed Name of Signing Officer	PHILIP BENJAMIN	Telephone Number	347-5191
Title	PRESIDENT		

11. Should you desire a certificate of status check the box.
CERTIFICATE OF STATUS DESIRED **\$5 Additional Fee required for a**

CRS6034 (1/86)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION
ANNUAL REPORT
1987



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

MAILED

1987 MAR 16 PM 12:53

REGISTRATION DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

714320
MEMORAH CENTER, INC.
250 58TH STREET NORTH
ST. PETERSBURG, FLORIDA 33710

2 Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 2:

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address in item 2, include Zip Code

3 Date of Report 03/25/1988

4 Federal Employer Identification Number (FEIN) 59-1268952

5 Date of Last Report 03/25/1986

6 Names and Street Addresses of Officers and Directors as of December 31, 1986

Name of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
BENJAMIN, PHILIP DR	P	929 1ST AVENUE NORTH	ST PETERSBURG, FL 0
WITTMER, TED P	S/T	5999 CENTRAL AVENUE 130 - 2nd Fl. Suite 1100	ST PETERSBURG, FL 0
RIVKIND, HAROLD C DR	A/S/T	7400 SUN ISLD DR S #308	ST PETERSBURG, FL 0
HALFRIN, ROUBEN	D	8730 49TH STREET NORTH	PINELLAS PARK, FL 0
Gilbert, Jerry	D	301-61st St. North	St. Petersburg, Fl.

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

RENFROW, ROBERT P.
2665 CENTRAL AVENUE
ST. PETERSBURG, FLORIDA 33713

8 Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82
6830 Central Avenue, Suite B

City and State 84
FL.

Zip Code 88
33707

9 Pursuant to the provisions of Sections 607.014 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent I am familiar with and accept the obligations of Section 607.025 F.S.

SIGNATURE _____ (Registered Agent Accepting Appointment)

DATE _____

\$5.00 additional fee required for Registered Agent changes.

10 See signature restrictions under instructions on reverse side of this form
I Certify That I Am An Officer of the Corporation (the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer signing must be listed in Block 6)

Signature _____ Date 1 / 30 / 87

Typed Name of Signing Officer PHILIP BENJAMIN Title PRESIDENT Telephone Number 347-5191

11. Should you desire a certificate of status check the box
CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status

CR2504 (1/86)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

APPROVED AND

DO NOT WRITE IN THIS SPACE

1988 FEB 18 AM 9:47

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

CORPORATION

ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Filing Fee of \$25 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office		2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient	
714320 MENORAH CENTER, INC. 250 58TH STREET NORTH ST. PETERSBURG, FLORIDA 33710		Street Address 21	
P.O. Box No 22		City and State 23	
Zip Code 24			

3. Date Incorporated or Qualified To Do Business in Florida	03/26/1968	4. Federal Employer Identification Number (FEIN)	59-1268962	5. Date of Last Report	03/16/1987
-------------------------------------------------------------	------------	--------------------------------------------------	------------	------------------------	------------

8. Names and Street Addresses of Each Officer and Director, as of December 31, 1987				
1. Names of Officers and Directors	2. Title	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State	5.
BENJAMIN, PHILIP DR	P	929 1ST AVENUE NORTH	ST PETERSBURG, FL	0
WITTNER, TED P	S/T	100 2 AVE. SO. #1100	ST PETERSBURG, FL	0
RIVKIND, HAROLD C DR	A/S/T	7400 SUN ISLD DR S #308	ST PETERSBURG, FL	0
HALPRIN, ROUBEN	D	8730 49TH STREET NORTH	PINELLAS PARK, FL	0
Gilbert, Jerry	D	301 61st Street North	St. Petersburg, Fl.	

REGISTERED AGENT INFORMATION		6. Name and Address of New Registered Agent	
7. Name and Address of Current Registered Agent		Name 61	
RENPROW, ROBERT P.		Street Address 1 (Do NOT Use P.O. Box Number) 62	
6830 CENTRAL AVE. STE B		Street Address 2 (Do NOT Use P.O. Box Number) 63	
ST. PETERBURG, FLORIDA 33707		City and State 64	
		Zip Code 65	

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ (Registered Agent Accepting Appointment) DATE _____

10. If a foreign corporation, date first transacted business in Florida _____

11. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath. (Officer or Director signing must be listed in Block 6.)

Signature	Date
<i>Philip Benjamin</i>	02/08/88
Typed Name of Signing Officer or Director	Telephone Number
Philip Benjamin	347-5191
Title	
President	

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

APPROVED

**CORPORATION
ANNUAL REPORT
1989**



FLORIDA DEPARTMENT OF STATE
Jim Smith,
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE.

FILED

1989 APR 28 PM 1:11

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

ZIP + 4

714320 9
MENORAH CENTER, INC.
250 58TH STREET NORTH
ST. PETERSBURG, FLORIDA 33710-7953

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3 Date Incorporated or Qualified To Do Business in Florida

03/26/1968

4 Federal Employer Identification Number (FEIN)

59-1268962

5 Date of Last Report

02/18/1988

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1988

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State	5
P	BENJAMIN, PHILIP DR	929 1ST AVENUE NORTH	ST PETERSBURG, FL	0
S/T	WITTNER, TED P	100 2 AVB. SO. #1100	ST PETERSBURG, FL	0
A/S/T	RIVKIND, HAROLD C DR	7400 SUN ISLD DR S #308	ST PETERSBURG, FL	0
D	HALPRIN, ROUBEN	8730 49TH STREET NORTH	PINELLAS PARK, FL	0
D	GILBERT, JERRY	301 61st St. N.	St. Petersburg, Fl.	0
D	Katz, Abe	6132 - 4th Ave.,	St. Petersburg, Fl.	0

REGISTERED AGENT INFORMATION

6. Name and Address of New Registered Agent

Name 81

N/A

7. Name and Address of Current Registered Agent

RENFROW, ROBERT P.
6830 CENTRAL AVE. STE B
ST. PETERBURG, FLORIDA 33707

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL.

Zip Code 85

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on:

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ (Registered Agent Accepting Appointments)

DATE _____

10. If a foreign corporation, date first transacted business in Florida

11. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath. (Officer or Director signing must be listed in Block 6.)

Signature: *Philip Benjamin*

Date

Typed Name of Signing Officer or Director

Title

Telephone Number

DR. PHILIP BENJAMIN

PRESIDENT

347-5191

12. Should you desire a certificate of status check the box.


\$5 Additional Fee

5/2/89

CR2004 (1/89)

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

PS0284526

<p>CORPORATION ANNUAL REPORT 1990</p>		<p>FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</p>	<p>DO NOT WRITE IN THIS SPACE.</p> <p>APPROVED AND FILED</p> <p>90 MAR 13 AM 3:57</p> <p>FLORIDA DEPT OF STATE</p> <p>2. If Address in Block 1 is incorrect in any way, enter the correct (Address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.</p> <p>Street Address 21</p> <p>P.O. Box No. 22</p> <p>City and State 23</p> <p>Zip Code 24</p>
<p>Read Notice and Instructions on Other Side Before Making Entries Filing Fee of \$35 Required -- Make Checks Payable To: Secretary of State</p>			
<p>1. Name and Address of Corporation Principal Office:</p> <p>714320 9</p> <p>ZIP + 4 PRESORT</p> <p>MENORAH CENTER, INC. 250 58TH STREET NORTH ST. PETERSBURG, FLORIDA 33710-7953</p> <p>If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code</p>			

<p>3. Date Incorporated or Qualified To Do Business in Florida: 03/26/1968</p>	<p>4. FEI Number: 59-1268962</p>	<p><input type="checkbox"/> FEI Number Applied For <input type="checkbox"/> FEI Number Not Applicable</p>
---------------------------------------------------------------------------------------	-----------------------------------------	---------------------------------------------------------------------------------------------------------------

4. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)				
1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State	5.
P	BENJAMIN, PHILIP DR	929 1ST AVENUE NORTH	ST PETERSBURG, FL	0
S/T	WITTNER, TED P	100 2 AVE. SO. #1100	ST PETERSBURG, FL	0
A/S/T	RIVKIND, HAROLD C DR	7400 SUN ISLD DR S #308	ST PETERSBURG, FL	0
D	HALPRIN, ROUBEN	8730 49TH STREET NORTH	PINELLAS PARK, FL	0
D	GILBERT, JERRY	301-61ST STREET NORTH	ST. PETERSBURG, FL.	
D	KATZ, ABE	6132 - 4TH AVENUE	ST. PETERSBURG, FL.	

<p>REGISTERED AGENT INFORMATION</p>		<p>5. Name and Address of Now Registered Agent</p>		
<p>7. Name and Address of Current Registered Agent</p>		<p>Name 81</p>		
<p>RENFROW, ROBERT P. 6830 CENTRAL AVE. STE B ST. PETERBURG, FLORIDA 33707</p>		<p>Street Address 1 (Do NOT Use P.O. Box Number) 82</p>		
		<p>Street Address 2 (Do NOT Use P.O. Box Number) 83</p>		
		<p>City and State 84</p> <p>FL.</p>		<p>Zip Code 85</p>

9. Pursuant to the provisions of Sections 607.004 and 607.007, Florida Statutes, this above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.025 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. I 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 effects as if made under oath. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S.

Signature: *Philip Benjamin* Date: _____

Typed Name of Signing Officer or Director: **PHILIP BENJAMIN** Title: _____ Telephone Number: **(813) 347-5191**

11. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

KARZOSI

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

Read Instructions on Other Side Before Making Entries
FILING FEE OF \$61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1 Name and Mailing Address of Corporation: **DOCUMENT # 714320 (9)**
ZIP + 4 PRESORT
MENORAH CENTER, INC.
250 58TH STREET NORTH
ST. PETERSBURG, FLORIDA 33710-7953

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address
22 P.O. Box No.
23 City and State
24 Zip Code

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3 Date Incorporated or Qualified To Do Business in Florida: **03/26/1968**
4. FEI Number: **59-1268962**
FEI Number Applied For: _____
FEI Number Not Applicable: _____
5. **\$8.75 Additional Fee required for a Certificate of Status**
CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
1 P	BENJAMIN, PHILIP DR	929 1ST AVENUE NORTH	ST PETERSBURG, FL 0
2 S/T	WITTNER, TED P	100 2 AVE. SO. #1100	ST PETERSBURG, FL 0
3 A/S/T	RIVKIND, HAROLD C DR	7400 SUN ISLD DR S #308	ST PETERSBURG, FL 0
4 D	HALPRIN, ROUBEN	8730 49TH STREET NORTH	PINELLAS PARK, FL 0
5 D	GILBERT, JERRY	301-61ST STREET, NORTH	ST. PETERSBURG, FL.
6 D	KATZ, ABE	6132 - 4TH AVENUE	ST. PETERSBURG, FL.

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent:
RENFROW, ROBERT P.
6830 CENTRAL AVE. STE B
ST. PETERBURG, FLORIDA 33707

8. Name and Address of New Registered Agent:

81 Name
82 Street Address 1 (Do NOT Use P.O. Box Number)
83 Street Address 2 (Do NOT Use P.O. Box Number)
84 City
85 Zip Code

9. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Registered Agent Accepting Appointment) DATE _____

10. I 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. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 6 or on an attachment with an address.

SIGNATURE *Philip Benjamin* DATE **3/10/91**
Typed Name of Signing Officer or Director: **Philip Benjamin** Title: **President** Telephone Number Daytime: **(813) 347-5191**

FILING FEE OF \$61.25 REQUIRED - Make Checks Payable To: Secretary of State \$8.75 Additional Fee required

CREATED BY

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1992



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

MAR 1992

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

Read Instructions on Other Side Before Making Entries.
FILING FEE \$61.25 Make Payable To: Secretary of State

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation. **DOCUMENT #714320 (9)**
MENORAH CENTER, INC.
250 58TH STREET NORTH
SAINT PETERSBURG FL 33710-7953

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address
22 P.O. Box No.
23 City and State
24 Zip Code

3. Date incorporated or Qualified To Do Business in Florida: **03/26/1968**

3a. Date of Last Report: **03/20/1991**
4. FEI Number: **59-1268962**
FEI Number Applied For: _____
FEI Number Not Applicable: _____
5. **\$8.75 Additional Fee required for a Certificate of Status**
CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover incorrect information)

1	2	3	4
Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1 P	BENJAMIN, PHILIP DR	929 1ST AVENUE NORTH	ST PETERSBURG, FL 0
2 S/T	WITTNER, TED P	100 2 AVE. SO. #1100	ST PETERSBURG, FL 0
3 A/S/T	RIVKIND, HAROLD C DR	7400 SUN ISLD DR S #308	ST PETERSBURG, FL 0
4 D	HALPRIN, ROUBEN	8730 49TH STREET NORTH	PINELLAS PARK, FL 0
5 D	GILBERT, JERRY	301-61ST STREET, NORTH	ST. PETERSBURG, FL.
6 D	KATZ, ABE	6132 - 4TH AVENUE	ST. PETERSBURG, FL.

7. Name and Address of Current Registered Agent

REGISTERED AGENT INFORMATION

RENFROW, ROBERT P.
6830 CENTRAL AVE. STE B
ST. PETERBURG, FLORIDA 33707

8. Name and Address of Now Registered Agent

81	Name	
82	Street Address 1 (Do NOT Use P.O. Box Number)	
83	Street Address 2 (Do NOT Use P.O. Box Number)	
84	City	FL
85	Zip Code	

9. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE **3-9-92**
(Registered Agent Accepting Appointment)


10. This corporation has liability for intangible tax under S 199.032, Florida Statutes Yes No (See other side for information on intangible tax)

11. I certify that the information reported 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. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 6 or an attachment with an address.

SIGNATURE *Philip Benjamin* DATE _____
Typed Name of Signing Officer or Director: **President, Menorah Center, Inc.** Title: **Dr. Philip Benjamin**
Telephone Number (Daytime): **(813) - 347-5191**

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional \$5.00 to the filing fee.

File Now. Filing Fee after May 1 is \$225.00

CORPORATION ANNUAL REPORT 1993		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		APPROVED DIVISION OF STATE REGISTRATIONS DIV. TAMPA, FLA.	
1. Name and Mailing Address of Corporation: DOCUMENT # 714320 (9) MEMORAH CENTER, INC. 250 58TH ST N SAINT PETERSBURG FL 33710-7953				DO NOT WRITE IN THIS SPACE	
If above mailing address is incorrect in any way, fill through incorrect information and enter correction in Block 2.				3. Date Incorporated or Qualified 03/26/1968	3a. Date of Last Report 03/31/1992
FILING FEE \$200.00	ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE		4. FEI Number 591268962	Applied For Not Applicable	
2. Mailing Address		2a. Principle Place of Business		5. Certificate of Status Desired	
21. Same, Apt. #, etc.	26. Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution		\$8.75 Additional Fee Required
23. City & State	27. City & State		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status		\$138.75 Supplemental Fee Not Required
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
RENFROW, ROBERT P. 6830 CENTRAL AVE. STE B ST. PETERSBURG FL 33707			81. Name RENFROW, ROBERT P. 82. Street Address (P.O. Box Number is Not Acceptable) 5858 Central Ave., 83. St. Petersburg, Fl. 33710. 84. City St. Petersburg, FL 85. Zip Code 33710 86. Country Pinellas		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0503 and 617.1506, 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 607.0505, Florida Statutes.					
SIGNATURE			DATE		
12. OFFICERS AND DIRECTORS			13. OFFICERS AND DIRECTORS CHANGES		
1.1 TITLE	P		1.1 TITLE		
1.2 NAME	BENJAMIN, PHILIP DR		1.2 NAME		
1.3 ADDRESS	929 1ST AVENUE NORTH		1.3 ADDRESS		
1.4 CITY-ST-ZIP	ST PETERSBURG, FL 0		1.4 CITY-ST-ZIP		
2.1 TITLE	S/T		2.1 TITLE		
2.2 NAME	WITNER, TED P		2.2 NAME		
2.3 ADDRESS	100 2 AVE. SO. #1100		2.3 ADDRESS		
2.4 CITY-ST-ZIP	ST PETERSBURG, FL 0		2.4 CITY-ST-ZIP		
3.1 TITLE	A/S/T		3.1 TITLE		
3.2 NAME	RIVKIND, HAROLD C DR		3.2 NAME		
3.3 ADDRESS	7400 SUN ISLD DR S #308		3.3 ADDRESS		
3.4 CITY-ST-ZIP	ST PETERSBURG, FL 0		3.4 CITY-ST-ZIP		
4.1 TITLE	D		4.1 TITLE		
4.2 NAME	HALPRIN, ROUBEN		4.2 NAME		
4.3 ADDRESS	8730 49TH STREET NORTH		4.3 ADDRESS		
4.4 CITY-ST-ZIP	PINELLAS PARK, FL 0		4.4 CITY-ST-ZIP		
5.1 TITLE	D		5.1 TITLE		
5.2 NAME	GILBERT, JERRY		5.2 NAME		
5.3 ADDRESS	301-61ST STREET, NORTH		5.3 ADDRESS		
5.4 CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP		
6.1 TITLE	D		6.1 TITLE		
6.2 NAME	KATZ, ABE		6.2 NAME		
6.3 ADDRESS	6132 - 4TH AVENUE		6.3 ADDRESS		
6.4 CITY-ST-ZIP	ST. PETERSBURG FL		6.4 CITY-ST-ZIP		
14. I 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. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or 13 or on an attachment with an address.					
SIGNATURE			DATE		
Print Type Name of Signing Officer or Director PHILIP BENJAMIN PRES			DATE MAR 4 '93		
Title(s) PRES			Daytime Telephone Number (813) 345 3544		

C-28204 (1/1/82)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375)

CORPORATION
 ANNUAL REPORT
 1994



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
 94 AUG 17 AM 10:26

DOCUMENT # 714320 (9)

1. Corporate Name
MENORAH CENTER, INC.

Mailing Address: **250 56TH STREET NORTH ST. PETERSBURG FL 33710**
 Principal Place of Business: **250 56TH STREET NORTH ST. PETERSBURG FL 33710**

DO NOT WRITE IN THIS SPACE

2. Mailing Address		2a. Principal Place of Business		3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		03/26/1968	03/16/1993
22. City & State		27. City & State		4. FEI Number	Applied For
23. Zip		28. Zip		59-1268962	Not Applicable
24. Country		29. Country		5. Certificate of Status Desired	
				<input checked="" type="checkbox"/> \$3.75 Additional Fee Required <input type="checkbox"/> Election Campaign Financing Trust Fund Contribution	
				7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	
				8. This Corporation has Liability for Intentional Tax Under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of How Registered Agent			
RENFROW ROBERT P 5858 CENTRAL AVE. ST. PETERSBURG FL 33710				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City		85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE: _____ (Name and Agent signature required when registered)

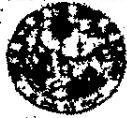
12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	P	11. TITLE	
12. NAME	BENJAMIN, PHILIP DR	12. NAME	
13. STREET ADDRESS	929 1ST AVENUE NORTH	13. STREET ADDRESS	
14. CITY-ST-ZIP	ST. PETERSBURG, FL 0	14. CITY-ST-ZIP	
21. TITLE	S/T	21. TITLE	
22. NAME	WITTNER, TED P	22. NAME	
23. STREET ADDRESS	100 2 AVE. SO. #1100	23. STREET ADDRESS	
24. CITY-ST-ZIP	ST. PETERSBURG, FL 0	24. CITY-ST-ZIP	
31. TITLE	A/S/T	31. TITLE	
32. NAME	RIVKIND, HAROLD C DR	32. NAME	
33. STREET ADDRESS	7400 SUN ISLD DR S #308	33. STREET ADDRESS	
34. CITY-ST-ZIP	ST. PETERSBURG, FL 0	34. CITY-ST-ZIP	
41. TITLE	D	41. TITLE	
42. NAME	HALPRIN, ROUBEN	42. NAME	
43. STREET ADDRESS	8730 49TH STREET NORTH	43. STREET ADDRESS	
44. CITY-ST-ZIP	PINELLAS PARK, FL 0	44. CITY-ST-ZIP	
51. TITLE	D	51. TITLE	
52. NAME	GILBERT, JERRY	52. NAME	
53. STREET ADDRESS	301-61ST STREET, NORTH	53. STREET ADDRESS	
54. CITY-ST-ZIP	ST. PETERSBURG FL	54. CITY-ST-ZIP	
61. TITLE	D	61. TITLE	
62. NAME	KATZ, ABE	62. NAME	
63. STREET ADDRESS	6132 - 4TH AVENUE	63. STREET ADDRESS	
64. CITY-ST-ZIP	ST. PETERSBURG FL	64. 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(1)(k), Florida Statutes. I further certify that the information indicated in 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 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Philip Benjamin* 02
 Date: 08/4/94 8:13 3629715

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gandra B. Morthorn
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**
95 APR 26 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Principal Place of Business Mailing Address
250 56TH STREET NORTH ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **03/26/1968** 3a. Date of Last Report **08/17/1994**
4. FEI Number **59-1268962** 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
7. Nonprofit with IRS 801(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

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 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ Signature (and or printed name of registered agent and fee if applicable) _____ NOTE: Registered Agent signature required when reappointing _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BENJAMIN, PHILIP DR
STREET ADDRESS	929 1ST AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 0
TITLE	ST
NAME	WITTNER, TED P
STREET ADDRESS	100 2 AVE. SO. #1100
CITY-ST-ZIP	ST PETERSBURG, FL 0
TITLE	AST
NAME	RIVKIND, HAROLD C DR
STREET ADDRESS	7400 SUN ISLD DR S #308
CITY-ST-ZIP	ST PETERSBURG, FL 0
TITLE	D
NAME	HALPRIN, ROUBEN
STREET ADDRESS	8730 49TH STREET NORTH
CITY-ST-ZIP	PINELLAS PARK, FL 0
TITLE	D
NAME	GILBERT, JERRY
STREET ADDRESS	301-61ST STREET, NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D
NAME	KATZ, ABE
STREET ADDRESS	6132 - 4TH AVENUE
CITY-ST-ZIP	ST. PETERSBURG FL

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D. HALPRIN, D
4.3 STREET ADDRESS	8730 49th St. N
4.4 CITY-ST-ZIP	Pinellas Park, FL.
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: *Philip Benjamin*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-95
DATE DAYTIME PHONE #