

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

718876

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -3 PM 6:10**

**DOCUMENT # 718876 (6)**  
1. Corporation Name  
**HILLEL COMMUNITY DAY SCHOOL, INC.**

Principal Place of Business Mailing Address  
**19000 N.E. 25TH AVE. (N. MIAMI BCH)  
P.O. BOX 630158 OJUS STAT.  
OJUS FL 33163**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/20/1970** 3a. Date of Last Report **02/02/1994**  
4. FEI Number **59-1296635** 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 501(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  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country Zip 29 Country 30  
24 25 29 30

9. Name and Address of Current Registered Agent  
**LIPSON, ARTHUR E  
19000 NE 25TH AVENUE  
N. MIAMI BEACH FL 33180**

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 \_\_\_\_\_ 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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PD SCHECK, RAQUEL 19000 NE 25TH AVE N. MIAMI BEACH FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD CANNER, IRVING 19000 NE 25TH AVE N. MIAMI BEACH FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S KUTTLER, ROBERTA 19000 NE 25TH AVE N. MIAMI BEACH FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD LIPSON, ARTHUR 19000 NE 25TH AVE N. MIAMI BEACH FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>President b Martin Hoffman 19000 NE 25th Ave. North Miami Beach, FL 33180</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>VD CANNER, IRVING 19000 NE 25th AVENUE NORTH MIAMI BEACH, FL 33180</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>Secretary b Frida Oberlander 19000 NE 25th Ave. North Miami Beach, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<b>TD LIPSON, ARTHUR 19000 NE 25th AVENUE NORTH MIAMI BEACH, FL 33180</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 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 its 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 unchanged, or on an amendment with an address.

SIGNATURE: *[Signature]* **(v) 2/7/95 (S) (305) 931-2831**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date