


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90092 012 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 743757**

1. Corporation Name  
**CONGREGATION B'NAI ISRAEL OF CORAL SPRINGS, INC.**

Principal Place of Business 4129 N.W. 88TH. AVE. APARTMENT 106 CORAL SPRINGS FL 33065	Mailing Address 4129 N.W. 88TH. AVE. APARTMENT 106 CORAL SPRINGS FL 33065
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>07/31/1978</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-1944378</b>
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>HERBERT DAVIS</b> 4110 N.W. 88TH. AVE. APARTMENT #207 CORAL SPRINGS FL 33065		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
		83	
		84 City	

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 HERBERT DAVIS *Herbert Davis* 1/22/99  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D DAVIS, HERBERT</b>	1.2 NAME	
STREET ADDRESS	<b>4110 N.W. 88TH AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 3065</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD BUSHMAN, BEATRICE</b>	2.2 NAME	
STREET ADDRESS	<b>4167 N.W. 90TH AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP KARGMAN, DAVID</b>	3.2 NAME	<b>KARGMAN DAVID</b>
STREET ADDRESS	<b>4122 NW 88TH AVE</b>	3.3 STREET ADDRESS	<b>4122 N. W 88TH AVE</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	3.4 CITY-ST-ZIP	<b>CORAL SPRINGS FL.</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DT SCHREIBER, DAVID</b>	4.2 NAME	
STREET ADDRESS	<b>4275 NW 89TH AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>P AUERBACH, JOAN</b>	5.2 NAME	<b>DAVID BLINDER</b>
STREET ADDRESS	<b>4137 NW 88TH AVE</b>	5.3 STREET ADDRESS	<b>4277 NW 89TH AVE</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 00000</b>	5.4 CITY-ST-ZIP	<b>CORAL SPRINGS FLA</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DT FRIEDMAN, IRWIN</b>	6.2 NAME	
STREET ADDRESS	<b>4120 NW 88TH AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	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: \_\_\_\_\_ SIGNATURE REQUIRED David Kargman, President 1/26/99 (954) 753-0456  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)