

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90132 005 \*\*\*\*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 # N48389**

1. Corporation Name  
**TREE OF LIFE CONGREGATION, INC.**

Principal Place of Business 4816 TAFT STREET HOLLYWOOD FL 33021 US	Mailing Address 4816 TAFT STREET HOLLYWOOD FL 33021 US
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/13/1992
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 65-0412673
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Zip	29. Zip	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 MALAVSKY, MORTON 4816 TAFT ST HOLLYWOOD FL 33021	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City
	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALAVSKY, MORTON	1.2 NAME	
STREET ADDRESS	4816 TAFT ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZULAY, JUDD	2.2 NAME	
STREET ADDRESS	35 EAST WACKER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUMENTHAL, FRED DR.	3.2 NAME	
STREET ADDRESS	4729 JEFFERSON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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: MORTON MALAVSKY **SIGNATURE REQUIRED** 3/16/99 954-962-6222  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)