

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

**FILED**

**Apr 22 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000004320 (7)**  
1. Corporation Name  
**BET SHIRA ENDOWMENT FOUNDATION, INC.**



Principal Place of Business		Mailing Address	
7500 S.W. 120TH ST. MIAMI FL 33156		7500 S.W. 120TH ST. MIAMI FL 33156	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified  
**09/01/1994**

4. FEI Number  
**65-0526420**

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. 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

9. Name and Address of Current Registered Agent

**TESCHER, GAIL S  
7500 S.W. 120TH ST.  
MIAMI FL 33156**

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 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: *Gail S. Tescher* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROTH, NEAL A</b>	1.2 NAME	<b>Ram, Eric</b>
STREET ADDRESS	<b>7229 S.W. 102ND ST.</b>	1.3 STREET ADDRESS	<b>5951 SW 94 St.</b>
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	1.4 CITY-ST-ZIP	<b>Miami, FL 33156</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FEILER, JEFFREY</b>	2.2 NAME	<b>Novak, Michael</b>
STREET ADDRESS	<b>8441 SW 114 STREET</b>	2.3 STREET ADDRESS	<b>13270 SW 57 Ave.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>Miami, FL 33156</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ISICOFF, LAUREL</b>	3.2 NAME	<b>Bloom, Leonard</b>
STREET ADDRESS	<b>12370 SW 77 CT</b>	3.3 STREET ADDRESS	<b>10000 SW 70 Ave.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>Miami, FL 33156</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MANNERS, RICHARD</b>	4.2 NAME	<b>Moss, Gary</b>
STREET ADDRESS	<b>12621 S.W. 70TH AVE.</b>	4.3 STREET ADDRESS	<b>12205 SW 69 Pl.</b>
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	4.4 CITY-ST-ZIP	<b>Miami, FL 33156</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LARKIN, JEREMY</b>	5.2 NAME	<b>Young, Ken</b>
STREET ADDRESS	<b>7901 SW 143 STREET</b>	5.3 STREET ADDRESS	<b>5815 Suncrest Dr.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	<b>Miami, FL 33156</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>FARR, NEAL</b>	6.2 NAME	
STREET ADDRESS	<b>8190 SW 108 STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</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.

SIGNATURE: *[Signature]* 4/14/98 308-298-2601

CR2E037 (10/97)