


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **712993** (5)
1. Corporation Name
CONGREGATION BETH SHOLOM, INC.



Principal Place of Business 1844 - 54 ST. SOUTH GULFPORT FL 33707-1250	Mailing Address 1844 - 54 ST. SOUTH GULFPORT FL 33707
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3. Date Incorporated or Qualified 06/26/1967	3a. Date of Last Report 02/08/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip	4. FEI Number 59-1206467	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
**ROBITSHEK, HERMAN J.
6020 SHORE BV S 1001
GULFPORT FL 33707-2838**

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 *Herman J. Robitshek* (NOTE: Registered Agent signature required when reinstating) DATE **1/29/97**

12. OFFICERS AND DIRECTORS

TITLE	FSDT <input type="checkbox"/> DELETE
NAME	ROBITSHEK, HERMAN
STREET ADDRESS	6020 SHORE BLVD S
CITY-ST-ZIP	GULFPORT, FL 00000
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	BRODSKY, LOUIS
STREET ADDRESS	9330 VENDOME BLVD
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	TT <input type="checkbox"/> DELETE
NAME	MARIENHOFF, JENNIE C.
STREET ADDRESS	8445 68 WAY NO.
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	CSDT <input type="checkbox"/> DELETE
NAME	LEVINE, ALFRED
STREET ADDRESS	1810 FOLLOW THRU RD.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	P <input type="checkbox"/> DELETE
NAME	Max Roth
STREET ADDRESS	5940 30th Ave., So.
CITY-ST-ZIP	Gulfport, Fla. 33707
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Louis Brodsky
2.3 STREET ADDRESS	8330 Vendome Blvd
2.4 CITY-ST-ZIP	Pinellas Park, Fla. 33781
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PT Max Roth
5.3 STREET ADDRESS	5940 30th Ave
5.4 CITY-ST-ZIP	Gulfport, Fla. 33707
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	Bank Dep \$61.25
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(A), 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: *Jennie Marienhoff* (JENNIFER MARIENHOFF) 1-25-1997813 544-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078248

CR2E037 (9/96)

3-11-97