

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **728349** (2)

1. Corporation Name  
**YOUNG ISRAEL OF HOLLYWOOD-FORT LAUDERDALE, INC.**



Principal Place of Business Mailing Address  
**3291 STIRLING ROAD FT LAUDERDALE FL 33312** **3291 STIRLING ROAD FT LAUDERDALE FL 33312**

3. Date Incorporated or Qualified **12/10/1973** 3a. Date of Last Report **02/01/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	<b>59-1665301</b>	Not Applicable
23	City & State	City & State	28	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	Zip	Country	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25			30	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**

**ASCHHEIM, ROBERT  
1001 S ANDREWS AVE  
FT LAUDERDALE FL**

**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

**FL**

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	<del>VD</del> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOHN, BARRY</b>	1.2 NAME	
STREET ADDRESS	<b>3291 STIRLING ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<del>PD</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>500001744085</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>SPERBER, SILVIO</del>	2.2 NAME	<b>-03/15/96--01018--024</b>
STREET ADDRESS	<del>% 3291 STIRLING RD</del>	2.3 STREET ADDRESS	<b>***61.25</b>
CITY-ST-ZIP	<del>FT LAUD FL 00000</del>	2.4 CITY-ST-ZIP	
TITLE	<del>SD</del> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Vice-President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>BARTZ, PHILIP</del> <b>BARATX, PHILIP</b>	3.2 NAME	<b>BARATX, PH</b>
STREET ADDRESS	<b>C/O 3291 STIRLING RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<del>TD</del> <input type="checkbox"/> DELETE	4.1 TITLE	<b>VICE-PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIENENFELD HOWARD</b>	4.2 NAME	
STREET ADDRESS	<b>% 3291 STIRLING RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<del>VD</del> <input type="checkbox"/> DELETE	5.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUART, COURTNEY</b>	5.2 NAME	
STREET ADDRESS	<b>% 3291 STIRLING RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<del>REMOVED TO</del> <input type="checkbox"/> DELETE	6.1 TITLE	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MILTON BRAFMAN</b>	6.2 NAME	<b>MILTON BRAFMAN</b>
STREET ADDRESS	<b>3291 Stirling Road</b>	6.3 STREET ADDRESS	<b>3291 Stirling Road</b>
CITY-ST-ZIP	<b>FT LAUDERDALE, FL</b>	6.4 CITY-ST-ZIP	<b>FT LAUDERDALE, FL</b>

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 19.07(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 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: Milton Brafman **Milton Brafman** 1/18/96 (954) 966-7877  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)