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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33312-6341**

3. Date Incorporated or Qualified: **12/10/1973** 3a. Date of Last Report: **03/14/1996**

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**

4. FEI Number: **59-1665301** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ASCHHEIM, ROBERT
1001 G 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)
2999 NE 191 Street
83 Penthouse #6
84 City **N. Miami Beach** **FL** **85 Zip Code** **33180**

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		
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	KOHN, BARRY	
STREET ADDRESS	3291 STIRLING ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BRAFMAN, MILTON	
STREET ADDRESS	3291 STIRLING RD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARTZ, PHILIP	
STREET ADDRESS	C/O 3291 STIRLING RD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BIENENFELD HOWARD	
STREET ADDRESS	% 3291 STIRLING RD.	
CITY-ST-ZIP	FT.LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STUART, COURTNEY	
STREET ADDRESS	% 3291 STIRLING RD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rebecca Segal	
1.3 STREET ADDRESS	3291 Stirling Road	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
2.1 TITLE	Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOSHUA Schinsky	
2.3 STREET ADDRESS	3291 Stirling Road	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: _____ **1/9/97** **254 963-2400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036103

CR2E037 (9/96)