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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730148** (4)

1. Corporation Name

B'NAI SEPHARDIM SHAARE SHALOM OF HOLLYWOOD, INC.

Principal Place of Business

Mailing Address

**3670 STIRLING ROAD
FT. LAUDERDALE FL 33312**

**3670 STIRLING ROAD
FT. LAUDERDALE FL 33312**

3. Date Incorporated or Qualified

06/20/1974

4. FEI Number

23-7420141

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALCHEK, FRED
1524 N.W. 182ND AVENUE
PEMBROKE PINES FL 33029**

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 **ELIAS SALAMA President**

2-3-98

(Signature typed or printed: Name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALMA, ELIAS	1.2 NAME	SALMA, ELIAS
STREET ADDRESS	3802 NE 207 ST TH#7	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	1.4 CITY-ST-ZIP	
TITLE	DVD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCHEK, FRED	2.2 NAME	
STREET ADDRESS	1524 NW 182 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SETTON, MANASHE	3.2 NAME	
STREET ADDRESS	2301 S OCEAN DR #2308	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENZRIHEM, PROSPER	4.2 NAME	
STREET ADDRESS	2803 NE 164TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH. FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEN-HORIN, YEHUDA	5.2 NAME	
STREET ADDRESS	21321 N.E. 19TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH. FL	5.4 CITY-ST-ZIP	
TITLE		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.

SIGNATURE:

[Signature]

2-3-98 (954) 983-9981

CR2E037 (10/97)