

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 733085

(5)

1. Corporation Name  
BETH CHAI, INC.



Principal Place of Business  
ST DUNSTAN'S CHURCH  
10888 126 AVE N  
LARGO FL 34648  
US

Mailing Address  
8400 125TH STREET NORTH  
P.O. BOX 3235  
SEMINOLE FL 34642

3. Date Incorporated or Qualified  
06/17/1975

3a. Date of Last Report  
04/26/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 P.O. Box 3235	59-1030774	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State	28 Seminole, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	25 Country	29 34642	30 U.S.A.
24	25	29	30

9. Name and Address of Current Registered Agent  
PIPER, ESTEVA, KARVUNEN & LEWIS  
3837 4T ST. N. STE 410  
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent  
81 Name ISAAC VARON  
82 Street Address (P.O. Box Number is Not Acceptable) 3896 HARBOR HILLS DR  
83  
84 City LARGO FL 85 Zip Code 34640

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 ISAAC VARON V.P. X  
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	PD	1.1 TITLE	
NAME	LISH, EUGENE	1.2 NAME	
STREET ADDRESS	12716 82ND TERR. NO.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	VARON, ISAAC	2.2 NAME	
STREET ADDRESS	3896 HARBOR HILLS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	CARON, LILY VARON, Lily	3.2 NAME	
STREET ADDRESS	3896 HARBOR HILLS DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	AX, ARTHUR	4.2 NAME	
STREET ADDRESS	7631 92ND ST. NO.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WILCOX, BEA	5.2 NAME	
STREET ADDRESS	12290 68TH ST. N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISAAC VARON 3/1/95 (313) 581-6534

CR2E037 (12/95)