


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
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DOCUMENT # 733743 (9)
 1. Corporation Name
CONGREGATION BETH HILLEL OF MARGATE, INC.



Principal Place of Business 7640 MARGATE BLVD. MARGATE FL 33063-3352	Mailing Address 7640 MARGATE BLVD. MARGATE FL 33063-3352
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3. Date Incorporated or Qualified 09/04/1975	3a. Date of Last Report 01/30/1995
4. FEI Number 59-1704551	Applied For <input type="checkbox"/> Not Applicable
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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**GRUSHKA, NAT
 7605 N.W. 5TH COURT
 MARGATE FL 33063**

10. Name and Address of New Registered Agent

81. Name Plotkin, Abe	85. State FL
82. Street Address (P.O. Box Number is Not Acceptable) 7640 MARGATE Blvd.	86. Zip Code
83. City MARGATE FL 33063	
84. City	

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: *Abe Plotkin* **ABE PLOTKIN Pres.** DATE: **1/16/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME GRUSHKA, NAT	1.1 TITLE PD	1.1 NAME Plotkin, Abe
STREET ADDRESS 7605 N.W. 5TH COURT	CITY-ST-ZIP MARGATE FL	1.2 STREET ADDRESS 7705 W. ATLANTIC BLVD.	1.2 CITY-ST-ZIP MARGATE FL 33063
TITLE VPD	NAME ENDER, SY	2.1 TITLE	2.1 NAME
STREET ADDRESS 370 N.W. 76TH AVENUE	CITY-ST-ZIP MARGATE FL	2.2 STREET ADDRESS	2.2 CITY-ST-ZIP
TITLE TD	NAME MOSKOWITZ, SALLY	3.1 TITLE	3.1 NAME
STREET ADDRESS 7805 N.W. 5TH COURT	CITY-ST-ZIP MARGATE FL	3.2 STREET ADDRESS	3.2 CITY-ST-ZIP
TITLE FS	NAME INGBER, FRED	4.1 TITLE	4.1 NAME
STREET ADDRESS 6750 N.W. 17TH COURT	CITY-ST-ZIP MARGATE FL	4.2 STREET ADDRESS	4.2 CITY-ST-ZIP
TITLE VPD	NAME PLOTKIN, ABE	5.1 TITLE VPD	5.1 NAME Pittelman, William
STREET ADDRESS 7705 W. ATLANTIC BLVD.	CITY-ST-ZIP MARGATE FL	5.2 STREET ADDRESS 7610 NW 15 St.	5.2 CITY-ST-ZIP MARGATE FL
TITLE DS	NAME PLEAT, FLORENCE	6.1 TITLE DS	6.1 NAME Zimmerman, Florence
STREET ADDRESS 7605 N.W. 4TH PLACE	CITY-ST-ZIP MARGATE FL	6.2 STREET ADDRESS 7300 NW 4th Pl.	6.2 CITY-ST-ZIP MARGATE FL 33063

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: *Fred Ingber - Fin Sec'y* DATE: **1/16/96** TELEPHONE: **954-972-6604**

CR2E037 (12/95)