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

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

**/**0\

1. Corporatio	Name /33/40	3 (9)				
CONG	regation beth Hillel O	F MARGATE, INC.				
Principal Place of Business		Mailing Address				
7640 MARGATE BLVD.		7640 MARGATE BLVD.				
MARGATE FL 33063-3352		MARGATE FL 33063-3352				
						Date of Last Report
					09/04/1975	01/23/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1704551	<ul> <li>Applied For</li> </ul>	
Suite, Apt. #, etc.		26		39 1704331	Not Applicable	
22	π, σιο.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip Country			8. This corporation has liability for intangible tax under s 199.032,	
24 25 9. Name and Address of Current F		29	30		Florida Statutes Yes M No  10. Name and Address of New Registered Agent	
	9. Hams and Address of Currer	it negistered Agent	81	Name	to. Name and Address of New Register	eu Agent
PLOTKIN	J ARE					
7640 MARGATE BLVD.		82 Street		Street Add	ress (P.O. Box Number is Not Acceptable)	
MARGATE FL 33063			83			
			84	City	<b>■■ 85</b> Zip Code	
					F	<b>-L</b>
office or r	egistered agent, or both, in the State	of Horida. Such change was	authorized by a	named corp the corpora	ouration submits this statement for the purpos tion's board of directors. I hereby accept the	e of changing its registered appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 617.0503, f	lorida Statutes.	•		
SIGNATURE .	Signature, typed or punied name of registered age	en aud Otentiacolo able ONC	III. Registered Agen	l Signat re react	rea when reinstating) DAT	F
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	• •		1.1 11116			Change Addition
NAME PLOTKIN, ABE			1.2 NAME			
STREET ADDRESS 7705 W. ATLANTIC BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	MARGATE FL VPD			- ZIP		Change Addition
NAME	ENDER, SY		2 1 TITLE 2 2 NAME			Change Addition
STREET ADDRESS		NO ALLE TOTAL AVEAUS		DORESS		
CITY-ST-ZIP	MARGATE FL			- 7IP		
TITLE	TD	DELETE	3.1 TITLE			Change Addition
NAME	MOSKOWITZ, SALLY		3.2 NAME			
STREET ADORESS	7805 N.W. 5TH COURT		3 3 STREET A	DORESS		
CITY-ST-ZIP	MARGATE FL	DELETE	3.4 CITY-ST	· ZIP		
TITLE NAME	FS INGBER, FRED		4.1 TOLE			Change Addition
STREET ADDRESS	6750 N.W. 17TH COURT		4. 2 NAME 4.3 STREET A	District CC		
CITY-ST-ZIP	MARGATE FL		4.4 CHY-SI-			
TITLE	VPD	DELETE	5.1 1171.6		79 V. S. SAL.	Change Addition
NAME	PITTELMAN, WILLIAM		5.2 NAME			
STREET ADDRESS	7610 N.W. 17TH ST.		5.3 STREET A	DDRESS		
CITY-ST-ZIP	MARGATE FL		5.4 CHY-S1-	ZIP		<b></b>
TITLE	DS	☐ DELETE	6 1 TITLE			Change Addition
NAME CIRCIT APPRICES	TARRANIA ATTI BI LOT		6.2 NAME	DE DE DE DE		
STREET ADDRESS	MAROATE EL		6.3 STHEET A			
CITY-ST-ZIP	WANGATE FL	d with this filler stops and a	6.4 CBY-S1-	719	11. C-11. (10.07/0V) FL 11. (11. 11. 11.	

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 reserver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if chapter 617, or on an attact yield with an address.

INGREST

**FILED** 

Jan 30 1997 8:00am

Secretary of State