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Jan 30 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 # 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

3. Date Incorporated or Qualified: 09/04/1975  
3a. Date of Last Report: 01/23/1996  
4. FEI Number: 59-1704551  
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

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

9. Name and Address of Current Registered Agent  
PLOTKIN, ABE  
7640 MARGATE BLVD.  
MARGATE FL 33063

10. Name and Address of New Registered Agent  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PLOTKIN, ABE	
STREET ADDRESS	7705 W. ATLANTIC BLVD.	
CITY - ST - ZIP	MARGATE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ENDER, SY	
STREET ADDRESS	370 N.W. 76TH AVENUE	
CITY - ST - ZIP	MARGATE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MOSKOWITZ, SALLY	
STREET ADDRESS	7805 N.W. 5TH COURT	
CITY - ST - ZIP	MARGATE FL	
TITLE	FS	<input type="checkbox"/> DELETE
NAME	INGBER, FRED	
STREET ADDRESS	6750 N.W. 17TH COURT	
CITY - ST - ZIP	MARGATE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PITTELMAN, WILLIAM	
STREET ADDRESS	7610 N.W. 17TH ST.	
CITY - ST - ZIP	MARGATE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, FLORENCE	
STREET ADDRESS	7300 N.W. 4TH PLACE	
CITY - ST - ZIP	MARGATE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 checked, or on an attachment with an address.

SIGNATURE: *Sally Moskowitz* *Fred Ingber* *William Pittelman*

CR2E037 (9/96)