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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-1704551	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Country 25		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Zip 29		Country 30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

PLOTKIN, ABE 7640 MARGATE BLVD. MARGATE FL 33063		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: Fred Ingber (NOTE: Registered Agent signature required when reinstating) DATE: 1/10/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	PLOTKIN, ABE	1.2 NAME	INGBER, FRED
STREET ADDRESS	7705 W. ATLANTIC BLVD.	1.3 STREET ADDRESS	6750 N.W. 17TH COURT
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VPD	2.1 TITLE	
NAME	ENDER, SY	2.2 NAME	
STREET ADDRESS	370 N.W. 76TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	MOSKOWITZ, SALLY	3.2 NAME	
STREET ADDRESS	7805 N.W. 5TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	3.4 CITY-ST-ZIP	
TITLE	FS	4.1 TITLE	FS
NAME	INGBER, FRED	4.2 NAME	NAGEL, ISABEL
STREET ADDRESS	6750 N.W. 17TH COURT	4.3 STREET ADDRESS	1065 ROCK ISLAND ROAD
CITY-ST-ZIP	MARGATE FL	4.4 CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VPD	5.1 TITLE	VPD
NAME	PITTELMAN, WILLIAM	5.2 NAME	MARCUS, IRVING
STREET ADDRESS	7610 N.W. 17TH ST.	5.3 STREET ADDRESS	1020 COUNTRY CLUB DR. - BLDG. P
CITY-ST-ZIP	MARGATE FL	5.4 CITY-ST-ZIP	MARGATE, FL 33063
TITLE	DS	6.1 TITLE	
NAME	ZIMMERMAN, FLORENCE	6.2 NAME	
STREET ADDRESS	7300 N.W. 4TH PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	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: Fred Ingber REQUIRED DATE: 1/10/98 DAYTIME PHONE # 974-974-3090

CR2E087 (10/97)