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Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734412** (0)

1. Corporation Name

CENTRAL FLORIDA CHEVRA KADESHA, INC.



Principal Place of Business	Mailing Address
923-14 LEXINGTON PKWY 14 APOPKA FL 32712 US	923-14 LEXINGTON PKWY 14 APOPKA FL 32712 US

3. Date Incorporated or Qualified	11/24/1975
4. FEI Number	NOT APPLICABLE
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1144 WOODLAND TERRACE TRAIL Suite, Apt. #, etc.	26 1144 WOODLAND TERRACE TRAIL Suite, Apt. #, etc.
22 City & State	27 City & State
23 ALTAMONTE SPRINGS, FL	28 ALTAMONTE SPRINGS, FL
24 Zip	29 Zip
32714	32714
Country	Country
USA	USA

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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
SELTZER, ROBERT 1144 WOODLAND TERR. TRAIL ALTAMONTE SPRINGS FL 32714

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE: *Robert Seltzer* ROBERT SELTZER 2/1/98  
Signature, typed or printed name of registered agent and title (indicate) (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD SELTZER, ROBERT 1144 WOODLAND TERR. TRAIL ALTAMONTE SPRINGS FL 32714
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VPD TITEN, EDWARD 635 PARK N. CT. WINTER PARK FL 32789
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SD LISETTE, HALPERIN 1911 MOCHICAN TRAIL MAITLAND FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TD DORFMAN, ISADORE 923-14 LEXINGTON PKWY APOPKA FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD HAROLD ROSENBLUM
1.2 NAME	
1.3 STREET ADDRESS	1335 CLASSIC DRIVE
1.4 CITY-ST-ZIP	LONGWOOD, FL 32779-5816
2.1 TITLE	VPD HALLIE BERMAN
2.2 NAME	
2.3 STREET ADDRESS	812 WESTWIND LANE
2.4 CITY-ST-ZIP	FEAR PARK, FL 32730
3.1 TITLE	SD TOM SPISAK
3.2 NAME	
3.3 STREET ADDRESS	524 CAPE COOL LANE #104
3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
4.1 TITLE	TD ROBERT SELTZER
4.2 NAME	
4.3 STREET ADDRESS	1144 WOODLAND TERRACE TRAIL
4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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: *Robert Seltzer* ROBERT SELTZER 2/1/98 407299-1079

CR2E037 (10/97)