

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 26 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 735543 (1)**

1. Corporation Name  
**THE AVENTURA TURNBERRY JEWISH CENTER BETH JACOB, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**20400 NE 30 AVE  
MIAMI FL 33180** **20400 NE 30 AVE  
MIAMI FL 33180**

3. Date Incorporated or Qualified **04/08/1976** 3a. Date of Last Report **08/05/1994**  
4. FEI Number **59-1673246** Applied For   
Not Applicable

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

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under G. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BARON, AMR (DR.)  
20400 N.E. 30 AVE  
MIAMI FL 33180**

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 607.0502 and 807.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Amr Baron* Executive U.P. DATE

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PD SILVERMAN BARRY 19553 N.E. 37 AVE. NORTH MIAMI BCH., FL 33180  
TD KREVAT, GARY 20221 NE 25TH AVE MIAMI FL  
VPD GOOZE MORTON 3675 N. COUNTRY CLUB DR. MIAMI FL 33180  
VPD KESSLER EUGENE 20400 N.E. 30TH AVE. MIAMI FL 33180  
VPD SHUR RORY 20400 N.E. 30TH AVE. MIAMI FL 33180  
RECORDING SECRETARY SHUR TRACI 20400 N E 30th AVE MIAMI FLA 33180

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 recipient 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, in an address.

SIGNATURE *Traci Shur* TRACI SHUR 4/6/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #