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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735543

1. Corporation Name

THE AVENTURA TURNBERRY JEWISH CENTER BETH JACOB, INC.

Principal Place of Business

20400 NE 30 AVE
 MIAMI FL 33180
 US

Mailing Address

20400 NE 30 AVE
 MIAMI FL 33180
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/08/1976
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1673246
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
29	30	6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent

BARON, AMIR (DR.)
 20400 N.E. 30 AVE
 MIAMI FL 33180

Amir Baron

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN BARRY	1.2 NAME	
STREET ADDRESS	19553 N.E. 37 AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BCH., FL 33180	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREVAT, GARY	2.2 NAME	
STREET ADDRESS	20221 NE 25TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOZE MORTON	3.2 NAME	
STREET ADDRESS	3675 N. COUNTRY CLUB DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33180	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSLER EUGENE	4.2 NAME	
STREET ADDRESS	20400 N.E. 30TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33180	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUR RORY	5.2 NAME	
STREET ADDRESS	20400 N.E. 30TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33180	5.4 CITY-ST-ZIP	
TITLE	RS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOR, TRACI	6.2 NAME	
STREET ADDRESS	20400 NE 30TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI 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)(f), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry Kessler 3-19-99
 Date
Financial Secy
 Designation

CR2E037 (1/98)