FILE NOW: FILING FEE IS $61.25

FILED
May 19 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 # 736203 (1)

1. Corporation Name
CONGREGATION ETZ CHAIM, INC.

Principal Place of Business	Mailing Address
3970 NW 21 AVENUE OAKLAND PARK FL 33308 US	3970 NW 21 AVENUE OAKLAND PARK FL 33309-3627 US

3. Date Incorporated or Qualified: 06/24/1976
3a. Date of Last Report: 02/21/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 58-2100313 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

LANDSBERG, ALAN
300 S. PARK RD.
SUITE 302
HOLLYWOOD FL 33021

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	WINTERS, JOSHUA		1.2 NAME	michael greenspan	
STREET ADDRESS	20840 SAN SIMEON WAY 107		1.3 STREET ADDRESS	301 N. Pine Island Road #258	
CITY-ST-ZIP	NORTH MIAMI BEACH FL		1.4 CITY-ST-ZIP	Plantation, FL 33324	
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	LOEBL, LAUREN		2.2 NAME	Steven Citrin	
STREET ADDRESS	3803 ARTHUR STREET		2.3 STREET ADDRESS	601 NE 74 Street	
CITY-ST-ZIP	HOLLYWOOD HILLS FL		2.4 CITY-ST-ZIP	Miami, FL 33138	
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	COHEN, DAVID I.		3.2 NAME	Sandra Glazer	
STREET ADDRESS	8325 72 AVENUE 214C		3.3 STREET ADDRESS	8060 Sunrise Lakes Drive North, #301	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Sunrise, FL 33322	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHECTER, MITCHELL B.		4.2 NAME		
STREET ADDRESS	4200 INVERRARY BLVD., SUITE 3203		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33324		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	600002198836 -06/03/97--01004--015 ***61.25	CS 5/19/97
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 changed, or on an attachment with an address.

SIGNATURE: [illegible] Vice President 4/28/97 (954) [illegible]