


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 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 # 736490 (4) 1. Corporation Name BEVERLY HILLS JEWISH CENTER - CONGREGATION BETH SHOLOM, INC.					
Principal Place of Business ONE CIVIC CIRCLE BEVERLY HILLS FL 34465 US			Mailing Address P.O. BOX 640024 BEVERLY HILLS FL 34464-0024 US		
2. Principal Place of Business		2a. Mailing Address			
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			
22 City & State		27 City & State			
23 Zip		25 Country		28 Zip	
24		29		30 Country	
9. Name and Address of Current Registered Agent DRESSNER, IRVIN 916 W CATBRIAR LANE BEVERLY HILLS FL 34465			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	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLOCK, MANNY		1.2 NAME		
STREET ADDRESS	289 W ROMANY LOOP		1.3 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS FL		1.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENSTOCK, BERNICE		2.2 NAME		
STREET ADDRESS	2050 W DEER TRAIL LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS FL		2.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARTENSTEIN, GILBERT		3.2 NAME		
STREET ADDRESS	864 WEST GLEASON ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS FL		3.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRESSNER, IRVIN		4.2 NAME		
STREET ADDRESS	916 W CATBRIAR LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS FL		4.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIENER, MORTON		5.2 NAME		
STREET ADDRESS	45 S. TYLER ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS FL		5.4 CITY-ST-ZIP		
TITLE	FSD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLATOW, HENRY		6.2 NAME		
STREET ADDRESS	50 S DAVIS ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS FL		6.4 CITY-ST-ZIP		



3. Date Incorporated or Qualified 07/28/1976	
4. FEI Number 23-7075223	Applied For <input type="checkbox"/> Not Applicable
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 type="checkbox"/> No	

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: _____

Arthur C. DeQuatre
DEQUATRE

1/12/98 352 746-6453

CR2E037 (10/97)