

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90016 009 \*\*\*\*70.00

DOCUMENT # **754980** ✓

1. Corporation Name

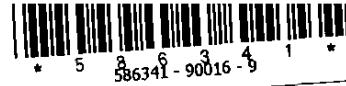
**BETH ZION, INC.**

Principal Place of Business

129 SPARROW DRIVE  
ROYAL PALM BEACH FL 33411

Mailing Address

129 SPARROW DRIVE  
ROYAL PALM BEACH FL 33411



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/04/1980

4. FEI Number

59-2093052

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

9. Name and Address of Current Registered Agent

ZEXTER, JOSEPH  
101 RAINFOREST COURT  
ROYAL PALM BEACH FL 33411

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARAOLDAN, RUTH	
STREET ADDRESS	111 DERBY LANE	
CITY-ST-ZIP	ROYAL PALM BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZEXTER, JOSEPH	
STREET ADDRESS	101 RAINFOREST COURT	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEAN, MARION	
STREET ADDRESS	137 SARATOGA BLVD. EAST	
CITY-ST-ZIP	ROYAL PALM BCH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	COLLINS, VIOLA	
STREET ADDRESS	131 MEADOWLARK DR.	
CITY-ST-ZIP	ROYAL PALM BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STOPEK, RICHARD DR.	
STREET ADDRESS	14356 HALTER RD.	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FARBER, DAVID	
STREET ADDRESS	12094 OLD COUNTRY RD.	
CITY-ST-ZIP	WELLINGTON FL 33414	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT  
JOSEPH ZEXTER - TREASURER

Date

7/6/99 561-798-8888

Daytime Phone #

CR2E037 (5/99)