

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # G18408 (6)  
1. Corporation Name  
KREITZMAN'S BETH ISRAEL MEMORIAL CHAPELS, INC.



Principal Place of Business Mailing Address  
% HENRY LAFFER, ESQUIRE  
7770 WEST OAKLAND PARK BLVD., SUITE 303  
SUNRISE FL 33351  
% HENRY LAFFER, ESQUIRE  
7770 WEST OAKLAND PARK BLVD., SUITE 303  
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 6800 W. OAKLAND PK. BLVD. 27 6800 W. OAKLAND PARK BLVD.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Sunrise, FL. 28 Sunrise, FL.  
24 Zip 25 Broward 29 33313 30 Broward

3. Date Incorporated or Qualified  
01/11/1983  
4. FEI Number 22-2648476 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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
LAFFER, HENRY ESQUIRE  
7770 WEST OAKLAND PARK BLVD.  
SUITE 210  
SUNRISE FL 33351  
10. Name and Address of New Registered Agent  
81 Name ALLAN L. Kreitzman  
82 Street Address (P.O. Box Number is Not Acceptable)  
6800 W. OAKLAND PARK BLVD.  
83  
84 City Sunrise FL 85 Zip Code 33313

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 *Allan L. Kreitzman* Pres. ALLAN L. Kreitzman 4-15-98  
Signature typed or printed name of registered agent and the, 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	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREITZMAN, ALLAN	1.2 NAME	
STREET ADDRESS	1055 E JERSEY ST	1.3 STREET ADDRESS	6800 W. OAKLAND PARK BLVD.
CITY-ST-ZIP	ELIZABETH NJ	1.4 CITY-ST-ZIP	SUNRISE, FL. 33313
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Allan L. Kreitzman* Pres. ALLAN L. Kreitzman 4-15-98

CR2E034 (10/97)