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**May 10, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N13360

1. Corporation Name

CHABAD OF SOUTH BROWARD, INC.

Principal Place of Business

1295 E. HALLANDALE BLVD.  
 HALLANDALE FL 33009

Mailing Address

1295 E. HALLANDALE BLVD.  
 HALLANDALE FL 33009



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/10/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2496454

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TENNENHAUS, RAPHAEL  
 1295 E. HALLANDALE BEACH BLVD.  
 HALLANDALE FL 33009

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  DELETE  
 NAME P  
 TENNENHAUS, RAPHAEL  
 STREET ADDRESS 1295 E HALLANDALE BCH  
 CITY-ST-ZIP HALLANDALE FL

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME S  
 SCHWARTZ, MOSHE  
 STREET ADDRESS 1108 NE 5TH ST.  
 CITY-ST-ZIP HALLANDALE FL

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME TD  
 BISTON, JOSEPH  
 STREET ADDRESS 1335 LENOX AVE.  
 CITY-ST-ZIP MIAMI BEACH FL

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME D  
 BRYN, DAVID  
 STREET ADDRESS 731 170TH ST.  
 CITY-ST-ZIP N. MIAMI BEACH FL

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME D  
 KUDAN, DOVID  
 STREET ADDRESS 1001 3 ISLAND BLVD  
 CITY-ST-ZIP HALLANDALE FL

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  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 *MOSHE SCHWARTZ* (SEC) May 29, 1999 954-4581871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)