

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -6 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA.

DOCUMENT # N14081 (6)

1. Corporation Name

CONGREGATION TORAH OHR, INC.

Principal Place of Business

Mailing Address

19146 LYONS RD.  
BOCA RATON FL 33434

19146 LYONS RD.  
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/28/1986 3a. Date of Last Report 01/19/1994

4. FEI Number 65-0123385 Applied For Not Applicable

5. Certificate of Status Desired  \$0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PINCUS, ESTELLE  
1978 YARMOUTH D1078  
CENTURY VILLAGE WEST  
BOCA RATON FL 33434

81 Name STEIFF LEON

82 Street Address (P.O. Box Number is Not Acceptable)  
8742 Via Reale #2

83

84 City Boca Raton FL 85 Zip Code 33496

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 Leon H. Steiff Treasurer DATE 2/28/95

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  
NAME LEVY, HY  
STREET ADDRESS EXETER C1038  
CITY-ST-ZIP BOCA RATON FL

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

TITLE VD  
NAME RUDOLER, MAX  
STREET ADDRESS REXFORD B10192 E  
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE  Change  Addition  
2.2 NAME VD RUDOLER, MAX  
2.3 STREET ADDRESS YARMOUTH D 4066  
2.4 CITY-ST-ZIP BOCA RATON FL

TITLE VD  
NAME SHERDELL, SAM  
STREET ADDRESS AINSLIE A 2018  
CITY-ST-ZIP BOCA RATON FL

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

TITLE SD  
NAME HAHN, JACK  
STREET ADDRESS WOLVERTON C4041  
CITY-ST-ZIP BOCA RATON FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 000001423210  
-03/07/95--01/09/95--01/95

TITLE VP  
NAME PINCUS, ALBERT  
STREET ADDRESS WOLVERTON D4078  
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE  Change  Addition  
5.2 NAME \*\*\*\*\*70.00 \*\*\*\*\*70.00  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE TD  
NAME PINCUS, ESTELLE  
STREET ADDRESS YARMOUTH D1078  
CITY-ST-ZIP BOCA RATON FL

6.1 TITLE  Change  Addition  
6.2 NAME TD STEIFF, LEON  
6.3 STREET ADDRESS 8742 VIA REALE #2  
6.4 CITY-ST-ZIP BOCA RATON FL 33496

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Leon H. Steiff DATE 2/14/95 407-852-8953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER