

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N21104 (7)
 1. Corporation Name
YOUNG ISRAEL OF TAMPA, INC.



Principal Place of Business: **3721 TACON TAMPA FL 33629 US**
 Mailing Address: **5113 MEMORIAL HWY. 2A TAMPA FL 33634 US**

2. Principal Place of Business (21-24) and Mailing Address (2a-28) fields with sub-sections for Suite, Apt. #, etc., City & State, and Zip/Country.

3. Date Incorporated or Qualified: **06/11/1987**
 3a. Date of Last Report: **04/06/1995**
 4. FEI Number: **59-2817195**
 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **RICHMAN, MICHAEL B 5113 MEMORIAL HWY STE 2A TAMPA FL 33634**
 10. Name and Address of New Registered Agent (81-85) fields.

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: *Michael B. Richman* (typed name) *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **6/24/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: BIELAWSKI, GERALD STREET ADDRESS: 2936 KNIGHTS AVE. CITY-ST-ZIP: TAMPA FL	<input type="checkbox"/> DELETE	1.1 TITLE: PRESIDENT 1.2 NAME: ELIEZER RIVKIN 1.3 STREET ADDRESS: 5205 131 AVE. 1.4 CITY-ST-ZIP: TAMPA FL 33617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: WERNIHOFF, DAN STREET ADDRESS: 3721 TACON CITY-ST-ZIP: TAMPA FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: 2.1 TITLE 2.2 NAME: MITCH PHILLIPS 2.3 STREET ADDRESS: 15547 TAMARLINE DR. 2.4 CITY-ST-ZIP: TAMPA FL 33624	Change <input checked="" type="checkbox"/> Addition VICE PRES
TITLE: DT NAME: KLEIN, SHIMON STREET ADDRESS: 601 SOUNDVIEW DR CITY-ST-ZIP: PALM HARBOR FL	<input type="checkbox"/> DELETE	3.1 TITLE: 3.1 TITLE 3.2 NAME: 500001931325 3.3 STREET ADDRESS: -08/23/96--01094--045 3.4 CITY-ST-ZIP: ***61.25	Change <input type="checkbox"/> Addition
TITLE: D NAME: RIUKIN, ELIEZER STREET ADDRESS: 3721 TACON CITY-ST-ZIP: TAMPA FL	<input type="checkbox"/> DELETE	4.1 TITLE: GERALD BIELAWSKI 4.2 NAME: 2936 KNIGHTS AVE. 4.3 STREET ADDRESS: TAMPA, FL 33629 4.4 CITY-ST-ZIP:	Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: KESSELMAN, GAYLE STREET ADDRESS: 2288 WILLOWBROOK DR. CITY-ST-ZIP: CLEARWATER FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: JACK ROTH - DIRECTOR 5.2 NAME: 3721 TACON ST. 5.3 STREET ADDRESS: TAMPA FL 33629 5.4 CITY-ST-ZIP:	Change <input type="checkbox"/> Addition
TITLE: D NAME: KESSELMAN, GAYLE STREET ADDRESS: 2288 WILLOWBROOK DR. CITY-ST-ZIP: CLEARWATER FL	<input type="checkbox"/> DELETE	6.1 TITLE: 6.1 TITLE 6.2 NAME: DONNA FAZA 6.3 STREET ADDRESS: 24511 MASOW CT. 6.4 CITY-ST-ZIP: LUTZ FL 33549	Change <input type="checkbox"/> Addition

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 119.07(1)(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: *[Signature]* DATE: **6/24/96** DAYTIME PHONE #: **0813 832-3018**

CR2E037 (3/96)