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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90231 027 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21104

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/11/1987
21	26	4. FEI Number 59-2817195
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	24
Zip	Country	25
24	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RICHMAN, MICHAEL B 5113 MEMORIAL HWY STE 2A TAMPA FL 33634		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83 Delete	
		84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVKIN, ELIEZER	1.2 NAME	
STREET ADDRESS	5205 131 AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIOLAWSKI, DONALD	2.2 NAME	D GERALD BIELAWSKI
STREET ADDRESS	5025 KNIGHT	2.3 STREET ADDRESS	2936 Knights Ave.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FLA. 33629
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, SHIMON	3.2 NAME	
STREET ADDRESS	601 SOUNDVIEW DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMAN, MICHAEL B	4.2 NAME	D MICHAEL B. RICHMAN
STREET ADDRESS	5113 MEMORIAL HWY	4.3 STREET ADDRESS	5113 Memorial Hwy
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA Florida 33634
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ALLAN J. Cousin
STREET ADDRESS		5.3 STREET ADDRESS	4111 Highland PARK CIR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LUTZ, FL. 33549
TITLE	<input type="checkbox"/> DELETE	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 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: *Eliezer Rivkin* **ELIEZER RIVKIN** APRIL 6, 1999 813-832-3018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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