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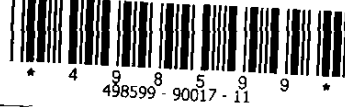
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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # *N27941*
 1. Corporation Name
 CHABAD OF PINELLAS COUNTY, INC.



Principal Place of Business Mailing Address
 3696 Fisher Rd 40 Robert L Tankel Esq.
 Palm Harbor FL USA 1299 Main St, Suite F
 34683 Dunedin FL 34698 USA

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/15/1988
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2905025
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	29
29	30	<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
Tankel, Robert L., Esq. 1299 Main St. Suite F Dunedin FL 34698		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST ADLER, SHALOM <input type="checkbox"/> DELETE	1.1 TITLE	ST ADLER, SHALOM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, SHALOM	1.2 NAME	ADLER, SHALOM
STREET ADDRESS	395 WINDING WILLOW DR	1.3 STREET ADDRESS	708 SAMANTHA DRIVE
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	VD KREISLER, LEON <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	KREISLER, LEON	2.2 NAME	
STREET ADDRESS	1000 ROYAL BIRKDALE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL	2.4 CITY-ST-ZIP	
TITLE	PD BROWN, IRVING <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	BROWN, IRVING	3.2 NAME	
STREET ADDRESS	110 CLAY'S TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	3.4 CITY-ST-ZIP	
TITLE	D KATZ, CHARLES <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	KATZ, CHARLES	4.2 NAME	
STREET ADDRESS	3423 MERMOOR DR #205	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	
TITLE	D ADLER, CHANIE <input type="checkbox"/> DELETE	5.1 TITLE	D ADLER, CHANIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, CHANIE	5.2 NAME	ADLER, CHANIE
STREET ADDRESS	395 WINDING WILLOW DR	5.3 STREET ADDRESS	708 SAMANTHA DRIVE
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	D BENET, GAIL <input type="checkbox"/> DELETE	6.1 TITLE	D BENET, GAIL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENET, GAIL	6.2 NAME	BENET, GAIL
STREET ADDRESS	3155 VALEMOORE DR	6.3 STREET ADDRESS	3831 BROOKSWORTH AVENUE
CITY-ST-ZIP	PALM HARBOR FL	6.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689

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]* SHALOM ADLER 4/22/99 (727) 789-0408
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)