FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N28619

	F	ILE.	D		
Feb ()5]	1998	8	3:00	am
Sec	cret	ary (of	Sta	te

CONG	règation bet ha shalo	M, INC) .						
Principal Plac	e of Business	М	ailing Address				r sonisses our sinns sinn bildt sins bildt blets blets bildt		
420 LINCOLN RD #440 420 LIN			RABBI RONALD D. STRELNICK LINCOLN RD #440 AI BEACH FL 33139			3. Date Incorporated or Qualified 09/29/1988 4. FEI Number Applied For			
2. Principal P	lace of Business	1 2a	Mailing Address				59-2291627 Not Applicable		
21	Idoa or Dosiliess	26	Malling Address				5. Certificate of Status Desired \$8.75 Additional Fee Required		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				Election Campaign Financing \$5.00 May Be		
27			· · · · · ·			Trust Fund Contribution			
City & Stat	0	28	City & State				7. Is this nonprofit corporation a homeowners association?		
Zip	Country	Zip Country		/	8. This corporation owes or has paid the current year Intangible				
24	25	29		30	— <i>'</i>		Personal Property Tax due June 30. 💆 Yes 🔲 No		
	9. Name and Address of Curre	nt Regis	tered Agent				10. Name and Address of New Registered Agent		
					81	Name			
	ICK, RONALD D.				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	COLN ROAD				83				
SUITE 4	PU EACH FL 33139								
MINNIN	ENOU LE 33138				84	City	FL 85 Zip Code		
11. Pursuant office or r agent. I a	to the provisions of Sections 617.050 egistered agent, or both, in the State or familiar with, and accept the oblig	02 and 6 of Florid pations of	17.1508, Florida Statu da. Such change was i, Section 617.0503, F	ites, the authoriz lorida St	above ed by	e-named corp the corporat s.	poration submits this statement for the purpose of changing its registered cion's board of directors. I hereby accept the appointment as registered		
SIGNATURE									
12.	Signature, typed or printed name of registered ag			TE: Registe		ent signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	OFFICERS AN	ID DIREC	DELETE		TITLE		Change Addition		
NAME	STRELNICK, RONALD D.				NAME				
STREET ADDRESS	5838 COLLINS AVE #2A					ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			1.4	CITY-S	IT-ZIP			
TITLE	SYD		☐ DELETE	2.1	TITLE		☐ Change ☐ Addition		
NAME	COHEN, DAVID			2.2	NAME		'F		
STREET ADDRESS	420 LINCOLN RD, STE.440			2.3	STREET	ADDRESS			
CITY-ST-ZIP	MIAM BEACH FL		7-1	_	CITY-S	ST-ZIP			
TITLE .	TD		DELETE		TITLE		Change Addition		
NAME	DEAN BROOKS				NAME				
STREET ADDRESS	700 NE 7TH AVE. #9					ADDRESS			
CITY-ST-ZIP TITLE	FT. LAUDERDALE FL		DELETE	_	CITY-S	67 - ZIP	Change Addition		
NAME					NAME		☐ quarige ☐ xoquiton		
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP					CiTY-S				
TITLE		,	DELETE	_	TITLE	1-211	☐ Change ☐ Addition		
NAME					NAME				
STREET ADDRESS	•			5.3	STREET	ADDRESS			
CITY-ST-ZIP	_			5.4	CITY - ST	T-ZIP			
TITLE			DELETE		TITLE		☐ Change ☐ Addition		
NAME				6.2	NAME				
STREET ADDRESS				6.3	STREET	ADDRESS			
CITY-ST-ZIP				6.4	CITY-S	T- ZIP			
		المراحلة ماهده					Desired and Desired Desired Control of the control		

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 of 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 at or an attachment with an address.