

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36136

1. Corporation Name

B'NAI B'RITH APARTMENTS OF DEERFIELD BEACH, II, INC.

Principal Place of Business

255 S.W. 3RD AVE
DEERFIELD BCH. FL 33441

Mailing Address

255 S.W. 3RD AVE
DEERFIELD BCH. FL 33441

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01/16/1990
City & State	City & State	4. FEI Number
Zip	Zip	NOT APPLICABLE 65-0103051
Country	Country	Applied For
25	29	Not Applicable
28	30	5. Certificate of Status Desired
		<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		<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

HAMAMOVITCH, DONALD E.
7700 WEST OAKLAND PARK BOULEVARD
SUITE 470
FT. LAUDERDALE FL 33351-6746

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
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

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	TD	1.1 TITLE	
NAME	HAMAMOVITCH, DONALD E.	1.2 NAME	
STREET ADDRESS	7770 W OAKLAND PK BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	SCHWEBEL, ARTHUR	2.2 NAME	
STREET ADDRESS	5231 S.W. 18TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	VP
NAME	KONIGSBERG, LEONARD	3.2 NAME	
STREET ADDRESS	1000 S. FEDERAL HWY 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH. FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	PD
NAME	FENTIN, ARTHUR	4.2 NAME	
STREET ADDRESS	9831 HARBOR LAKES CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	D
NAME	LITTMAN, PAUL	5.2 NAME	
STREET ADDRESS	LYNHURST J-3039	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH. FL 33442	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	COFFINO, MORRIS	6.2 NAME	
STREET ADDRESS	3003 PORTOFINO ISLE M-3	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33066	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99 (954) 426-5577

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