

FILE NOW: FILING FEE IS \$61.25

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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37451 (4)
1. Corporation Name
YOUNG ISRAEL OF PEMBROKE PINES, INC.



Principal Place of Business 13400 SW 10TH ST PEMBROKE PINES FL 33027	Mailing Address 13400 SW 10TH ST PEMBROKE PINES FL 33027-1833
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3. Date Incorporated or Qualified 04/04/1990	3a. Date of Last Report 03/04/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2986684	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt #, etc 22	Suite, Apt #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent ZEMEL, MORTON B. 2450 N.E. MIAMI GARDENS DR. N MIAMI BEACH FL 33180		10. Name and Address of New Registered Agent	
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 DT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVINE, MELVIN		1.2 NAME HELFENBAUM, PAUL	
STREET ADDRESS 13101 SW 15 CT		1.3 STREET ADDRESS 13255 7TH CT.	
CITY-ST-ZIP PEMBROKE PINES FL 33027		1.4 CITY-ST-ZIP PEMBROKE PINES, FL. 33027	
TITLE P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZAREMBA, BENJAMIN		2.2 NAME GROSS, BERNARD	
STREET ADDRESS 650 S.W. 124TH TERR. #P312		2.3 STREET ADDRESS 13101 SW 11 CT.	
CITY-ST-ZIP PEMBROKE PINES FL 33027		2.4 CITY-ST-ZIP PEMBROKE PINES, FL. 33027	
TITLE FS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE FS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIAMOND, MORRIS		3.2 NAME WEISS, SAM	
STREET ADDRESS 551 S.W. 135TH AVE. #B312		3.3 STREET ADDRESS 1250 SW 134 WAY	
CITY-ST-ZIP PEMBROKE PINES FL 33027		3.4 CITY-ST-ZIP PEMBROKE PINES, FL. 33027	
TITLE DV	<input checked="" type="checkbox"/> DELETE	4.1 TITLE DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GROSS, BERNARD		4.2 NAME DIAMOND, MORRIS	
STREET ADDRESS 13101 SW 11 CT		4.3 STREET ADDRESS 551 SW 135TH AVE	
CITY-ST-ZIP PEMBROKE PINES FL 33027		4.4 CITY-ST-ZIP PEMBROKE PINES, FL. 33027	
TITLE VD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE DVP 2nd	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HELFENBAUM, PAUL		5.2 NAME BODNER, MELVIN	
STREET ADDRESS 13255 7TH CT		5.3 STREET ADDRESS 1200 SW 137 AVE	
CITY-ST-ZIP PEMBROKE PINES FL 33027		5.4 CITY-ST-ZIP PEMBROKE PINES, FL. 33027	
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 do 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.

SIGNATURE: Morris A. Diamond, Treasurer 1/28/97 (954) 437-2955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024035

CP2E037 (9/96)