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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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3. Date Incorporated or Qualified 04/04/1990	
4. FEI Number 59-2986684	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired <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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

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	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 _____ (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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELFFENBAUM, PAUL	1.2 NAME	GROSS BERNARD
STREET ADDRESS	13255 7TH CT	1.3 STREET ADDRESS	13101 S.W. 11 CT
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	FS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, BERNARD	2.2 NAME	WEISS, SAM
STREET ADDRESS	13101 SW 11TH COURT	2.3 STREET ADDRESS	1250 S.W. 134 WAY
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	FS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, SAM	3.2 NAME	DIAMOND, MORRIS, A.
STREET ADDRESS	1250 SW 134TH WAY	3.3 STREET ADDRESS	551 S.W. 135 AVE.
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	PEMBROKE PINES FL, 33027
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMOND, MORRIS	4.2 NAME	FREED, MANUEL M.
STREET ADDRESS	551 SW 135TH AVE	4.3 STREET ADDRESS	12950 S.W. 13 ST D-205
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	DVP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODNER, MELVIN	5.2 NAME	ORENSTEIN, ISRAEL
STREET ADDRESS	1200 SW 137TH AVE	5.3 STREET ADDRESS	13105 S.W. 16 CT L-203
CITY-ST-ZIP	PEMBROKE PINES FL	5.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	BALGLEY, JOEL
STREET ADDRESS		6.3 STREET ADDRESS	13100 S.W. 11 CT C-214
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027

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.

SIGNATURE: *Morris A. Diamond - Treasurer* 2/22/98 954-437-2454

CR2E037 (10/97)