


FILED
Mar 11, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37451

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/04/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2986684
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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 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 FL
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FREED, MANUEL M		1.2 NAME	
STREET ADDRESS 12950 SW 13TH ST #D-205		1.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 33027		1.4 CITY-ST-ZIP	
TITLE P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GROSS, BERNARD		2.2 NAME	
STREET ADDRESS 13101 SW 11TH COURT		2.3 STREET ADDRESS 1650 S.W. 124TH TERR	
CITY-ST-ZIP PEMBROKE PINES FL 33027		2.4 CITY-ST-ZIP PEMBROKE PINES, FL 33027	
TITLE FS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WEISS, SAM		3.2 NAME	
STREET ADDRESS 1250 SW 134TH WAY		3.3 STREET ADDRESS 801 S.W. 138TH AVE	
CITY-ST-ZIP PEMBROKE PINES FL 33027		3.4 CITY-ST-ZIP PEMBROKE PINES, FL 33027	
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIAMOND, MORRIS		4.2 NAME	
STREET ADDRESS 551 SW 135TH AVE		4.3 STREET ADDRESS 13455 S.W. 3RD ST.	
CITY-ST-ZIP PEMBROKE PINES FL 33027		4.4 CITY-ST-ZIP PEMBROKE PINES, FL 33027	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ORENSTEIN, ISRAEL		5.2 NAME	
STREET ADDRESS 13105 SW 16TH CT #L-103		5.3 STREET ADDRESS 1200 S.W. 137 AVE	
CITY-ST-ZIP PEMBROKE PINES FL 33027		5.4 CITY-ST-ZIP PEMBROKE PINES, FL 33027	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BALGLEY, JOEL		6.2 NAME	
STREET ADDRESS 13100 SW 11TH CT #C-214		6.3 STREET ADDRESS 13100 SW 11TH CT #C-214	
CITY-ST-ZIP PEMBROKE PINES FL 33027		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, with all other like empowered.

SIGNATURE: THEODORE EVANS TREASURER 3/9/99 (954) 355-5452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)