

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38208 (7)
1. Corporation Name
C.B.J. OF NORTH MIAMI BEACH, INC.



Principal Place of Business Mailing Address
% SHELDON ZIPKIN
2020 NE 163RD ST. SUITE 300
N MIAMI BEACH FL 33162

3. Date Incorporated or Qualified **05/18/1990** 3a. Date of Last Report **03/16/1995**

2. Principal Place of Business 2a. Mailing Address
21 1200 NE MIAMI GARDEN **26**
Suite, Apt. #, etc. **APT 209** Suite, Apt. #, etc.
22 NC MIAMI BEACH **27**
City & State City & State
23 FL 33179 **28**
Zip Country Zip Country
24 **25** **29** **30**

4. FEI Number **59-2424775** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDSTEIN, WILMER
1300 N.E. MIAMI GARDENS DR. APT 407
N MIAMI BCH FL 33179

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	DPT	<input type="checkbox"/> DELETE
NAME	BLUM, MARVIN	
STREET ADDRESS	1200 MIAMI GARDENS DRIVE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GARDEN, M., RABBI	
STREET ADDRESS	1200 MIAMI GARDENS DRIVE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HOROWITZ, PHYLLIS	
STREET ADDRESS	1200 MIAMI GARDENS DRIVE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MORGANSTERN, A., RABBI	
STREET ADDRESS	1300 MIAMI GARDENS DRIVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SINGER, SOL	
STREET ADDRESS	1300 MIAMI GARDENS DRIVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, WILMER	
STREET ADDRESS	1300 MIAMI GARDENS DR	
CITY-ST-ZIP	N MIAMI BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sol Singer Date: 11/11/1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time Phone #

CR2E037 (12/95)