FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

A NORMANDO RES CERCIR PROMETANTO CONTRACTOR DEPOS CERCIS PROMETANTO CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR

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Sandra B. Moltham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # N42

N42067

(1)

CHABAD LUBAVITCH OF NORTH BROWARD AND PALM BEACH COUNTIES, INC.

Principal Place of Business Mailing Address 1500 N. STATE RD 1500 N STATE RD 7			{ 1881/1881 811 81010 81011 80114 81111 1484 81811 81811 81811 81811 81811 81811 81811		
MARAGATE FL 33063 US	MARGATE FL 33063-5702 US				
				3. Date Incorporated or Qualified 02/13/1991	3a. Date of Last Report 04/01/1996
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			65-0200283	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Countr	у	8. This corporation has liability for i	
24 25	29	30			Yes No
9, Name and Address of Current	Registered Agent			10. Name and Address of New Re	pistered Agent
		81	Name		
BISTON, JOSEPH 1335 LENOX AVENUE		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)
MIAMI BEACH FL 33139		83			
		84	City		B5 Zip Code
			1 -		FL
 Pursuant to the provisions of Sections 617.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	and 617.1508, Florida Statu of Florida, Such change was	utes, the above a authorized b	e-named corp v the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered
agent. I am familiar with, and accept the obliga-	ions of, Section 617.0503, F	Florida Statute	s.		A THE SEPTEMBER OF THE
SIGNATURE Signature, typed or printed name of registered agen					
12. OFFICERS AND		13.	ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
THE D- PRESIDENT	DELETE	1.1 TITLE		7,001101030174102010 10 01110	Change Addition
NAME BISTON, JOSEPH		1.2 NAME	İ		
STREET ADDRESS 1500 N STATE RD 7			T ADDRESS		
CHY-ST-ZIP MARGATE FL		1.4 CITY-			
TITLE D. V. PRCS	D V. PRes DELETE				☐ Change ☐ Addition
NAME BRONSTEIN, JOSEPH		2.2 NAME			
STREET ADDRESS 2163 N. BAY RD		2.3 STREE	T ADDRESS		
CITY-ST-ZIP MIAMI BEACH FL		2.4 CITY-	ST-ZIP		
TITLE D SECRETARY -TREASURY DELETE					Change Addition
NAME BISTON, BAYLA		3.2 NAME	1		
STREET ADDRESS 1335 LENOX AVE			T ADDRESS		
TITLE IN DULL OF TRAINING	BOA CO DELETE	3.4. CITY- 4.1 TITLE	-ST-ZIP		Change Addition
TONIN MAINING	Me Me DELETE	4.2 NAME			CT custific CT voduou
CIDELL PUDDECC A 1772 OF SAON	2 2020		T ADDRESS		
CITY-SI-ZIP BOLD FATEN FO	' 2 sash	4.4 CITY -			
	BOARD DELETE	5.1 TITLE	3) [1]		Change Addition
NAME 13851 ONELOA STREET ADDRESS OXEAU BEEK FL	DC . MEMBER	5.2 NAME	}		
STREET ADDRESS ON CALL BOOK CL	72/1/6	5.3 STREE	T ADDRESS		
CITY-ST-ZIP	_ 5,7,10	5.4 CITY-	ST-ZIP		
TITLE	DELETE	6.1 TITLE			Change Addition
NAME		62 NAME			
STREET ADDRESS		6.3 STREE	T ADDRESS		
CITY-ST-2IP	STALL BIS	6.4 C/TY -			
 I do hereby certify that the information supplied information indicated on this annual report of su 	with this filing does not qua applemental annual report is	sility for the ex-	emption stated urate and that	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega	 I turther certify that the I effect as if made under oath: that
information indicated on this annual eport of but I am an officer or director of the corporation of appears in Block 12 or Block 13 if changes or	he receiver or trustee empo	owered to exe	cute this repo	rt as required by Chapter 617, Florida S	tatutes; and that my name
				11-100	M. a-1