

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N43428 (4)

1. Corporation Name
AYTS CHAYIM MESSIANIC SYNAGOGUE, INC.



Principal Place of Business: **7025 BERACASA WAY BOCA RATON FL 33433 US**
 Mailing Address: **P O BOX 811323 BOCA RATON FL 33481**

3. Date Incorporated or Qualified: **05/13/1991**
 3a. Date of Last Report: **03/21/1995**
 4. FEI Number: **65-0261270**
 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

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

9. Name and Address of Current Registered Agent:
**BRAWER, IRA ETHAN
 6578 WINDING BROOK WAY
 DELRAY BEACH FL 33484**

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	PDS <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAWER, IRA E.	1.2 NAME	
STREET ADDRESS	6578 WINDING BROOK WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL 33484	1.4 CITY - ST - ZIP	
TITLE	PDS <input type="checkbox"/> DELETE	2.1 TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAWER, GLORIA J.	2.2 NAME	
STREET ADDRESS	6578 WINDING BROOK WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL 33484	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHBERG, FRIEDA	3.2 NAME	
STREET ADDRESS	6193 POINTE REGAL CIR	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BCH FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DAVID H. POLINGER
STREET ADDRESS		4.3 STREET ADDRESS	624 DC EDGEWATER DRIVE
CITY - ST - ZIP		4.4 CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
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 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: David H. Polinger, Treasurer Date: 6/7/96 Daytime Phone #: 407-750-6535
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DAVID H. POLINGER

CF2E037 (3/96)