


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43903** (6)

1. Corporation Name

CALIFORNIA CLUB SHUL, INC.



Principal Place of Business 850 IVES DAIRY ROAD (T-51) NORTH MIAMI BEACH FL 33179	Mailing Address 850 IVES DAIRY ROAD (T-51) NORTH MIAMI BEACH FL 33179-2499
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3. Date Incorporated or Qualified 06/14/1991	3a. Date of Last Report 12/19/1996
4. FEI Number 65-0456611	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 190.022, Florida Statutes <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 Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**ACKERSTEIN, STEPHANIE
9013 S.W. 102 PLACE
MIAMI FL 33176**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	NAJMAN, BILLY
STREET ADDRESS	850 IVES DAIRY ROAD (T-51)
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179
TITLE	NAME
VPD	POLLACK, DAVID
STREET ADDRESS	850 IVES DAIRY ROAD (T-51)
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179
TITLE	NAME
T	RUSS, RAFAEL
STREET ADDRESS	850 IVES DAIRY ROAD (T-51)
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179
TITLE	NAME
SD	MANDOWSKY, JACQUES
STREET ADDRESS	850 IVES DAIRY ROAD (T-51)
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179
TITLE	NAME
TITLE	NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 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: **REQUIRIBLY NAJMAN**

2/15/97

CR2E037 (9/96)