

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 # N92000000456 (5)

1. Corporation Name

CHABAD LUBAVITCH OF SOUTHWEST BROWARD, INC.



Principal Place of Business

Mailing Address

**2611 N. HIATUS ROAD
SUITE 136
COOPER CITY FL 33026**

**2611 N. HIATUS ROAD
SUITE 136
COOPER CITY FL 33026**

3. Date Incorporated or Qualified
11/24/1992

3a. Date of Last Report
08/03/1995

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

25

29

30

4. FEI Number

65-0374355

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

**ANDRUSIER, PINNY RABBI
2611 N. HIATUS ROAD
SUITE 136
COOPER CITY FL 33026**

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 **D** ☐ DELETE
NAME **ANDRUSIER, PINNY**
STREET ADDRESS **2928 DORCHESTER LANE**
CITY - ST - ZIP **COOPER CITY FL 33026**

TITLE **D** ☐ DELETE
NAME **ANDRUSIER, GITY MRS**
STREET ADDRESS **2928 DORCHESTER LANE**
CITY - ST - ZIP **COOPER CITY FL 33026**

TITLE **D** ☐ DELETE
NAME **LIPSYC, MOSHE M RABBI**
STREET ADDRESS **2928 DORCHESTER LANE**
CITY - ST - ZIP **COOPER CITY FL 33026**

TITLE **D** ☐ DELETE
NAME **GOODMAN, MICHAEL MR**
STREET ADDRESS **5760 SW 87TH WAY**
CITY - ST - ZIP **COOPER CITY FL 33328**

TITLE **D** ☐ DELETE
NAME **DAMATOV, DAVID MR**
STREET ADDRESS **11516 SW 54TH STREET**
CITY - ST - ZIP **COOPER CITY FL 33330**

TITLE **D** ☐ DELETE
NAME **FRIEDMAN, GEORGE H**
STREET ADDRESS **5981 FUUSTON ST**
CITY - ST - ZIP **HOLLYWOOD FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **3701 Starboard Ave.**
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **3701 Starboard Ave.**
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **3701 Starboard Ave.**
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-14-96 954-961-2222

0005742

CR2E037 (3/96)