


FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90025 028 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003339

1. Corporation Name
HILLEL RELIGIOUS SCHOOL OF TEMPLES BETH EL AND I SRAEL, INC.

Principal Place of Business 1901 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33407	Mailing Address 1901 NORTH FLAGLER DRIVE WEST PALM BEACH FL 33407
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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date incorporated or Qualified 07/26/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0438660
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent COHEN, RICHARD S 1601 FORUM PLACE STE 404 WEST PALM BEACH FL 33401	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
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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 D	<input type="checkbox"/> DELETE	1.1 TITLE PERRY, MARISO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PENNY, MARIJO		1.2 NAME	
STREET ADDRESS 216 THORNTON DR		1.3 STREET ADDRESS	
CITY-ST-ZIP PALM BEACH GARDENS FL 33418		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHASHA, NATALIE		2.2 NAME	
STREET ADDRESS 214 THORNTON DR		2.3 STREET ADDRESS	
CITY-ST-ZIP PALM BEACH GARDENS FL		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZWICKEL, ALLEN		3.2 NAME	
STREET ADDRESS 8587 TOURMALME BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL 33437		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LANDERMAN, NORMAN		4.2 NAME	
STREET ADDRESS 3714-A SAVOY LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE DANIEL ECKSTEIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SHASHA, NATALIE		5.2 NAME	
STREET ADDRESS 214 THORNTON DR		5.3 STREET ADDRESS 7961 LA ROSE COURT	
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418		5.4 CITY-ST-ZIP LAKE WORTH, FL 33467	
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 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, with all other like empowered.

SIGNATURE: Natalie Shasha SIGNATURE REQUIRED Date: 7/21/99 Daytime Phone #: 561-893-8421

CR2E037 (5/99)