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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998

DOCUMENT #

N9400000160 (1)

CONG	REGATION AHAVAS YIS	RAEL CORPORATION							
Principal Plac	ce of Business	Mailing Address				T TRACIONI DIN PRIM REEM NURIFA (JOEH BUILT URIDE U	DF)) OBIOI HIDU	(Cinii Ca ir I Ca r
708 LAKE HOWELL RD. MAITLAND FL 32751 US		708 LAKE HOWELL RI MAITLAND FL 32751 US				3. Date Incorporated or Qualified 01/04/1994 4. FEI Number Applied For			
2. Principal F	Place of Business	2a. Mailing Address				59-3222318 6. Certificate of Status Desired		\$8.75	Not Applicable Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc	.			6. Election Campaign Financin	-	\$5.00	Regulred May Be
22 City & Stat		City & State				Trust Fund Contribution			to Fees
23		28				7. Is this nonprofit corporation		rs associat⊮ □ No	on?
Zip	Country	Zip	Cour	intry		8. This corporation owes or ha			ntangible
24	25	29	30			Personal Property Tax due			□ No
	9, Name and Address of Cu	irrent Registered Agent				10. Name and Address of Nev	v Registered	Agent	
				81 N	lame				-
_	SHOLOM B.		ŀ	82 St	treet Addre	ss (P.O. Box Number is Not Acce	ntable)		
	EEN MEADOW AVE.						, , , , , , , , , , , , , , , , , , ,		
MAITLAN	ND FL 32751			63					
			ŀ	84 C	ity	·		85 Zip	Code
44 44			1		•		FL	_ `	
11. Pursuant office or r	to the provisions of Sections 617 registered agent, or both, in the Sam familiar with, and accept the o	i.0502 and 617.1508, Florida Si State of Florida, Such change v	tatutes, the ab	Nove-na	amed corpo	ration submits this statement for t	he purpose o	f changing	its registered
agent. I a	ım familiar with, and accept the o	bligations of, Section 617.0500	3, Florida Stati	utes.	o Corporano	ills board or dilborols. I holoby a	ccahi nia abb	Millinoil a	s teñisteien
SIGNATURE									
19	Signature, typed or printed name of registers		(NOTE: Registered	l Agent sig	gnature required		DATE	5.55655	=======================================
12.	OFFICERS	AND DIRECTORS	13.		1	when reinstating) ADDITIONS/CHANGES TO O			
TITLE	OFFICERS D		13.	TLE	D	ADDITIONS/CHANGES TO O		DIRECTO	RS IN 12
TITLE NAME	OFFICERS D LEDEE, YESHUA	AND DIRECTORS	13. 1.1 TITU 1.2 NAV	TLE	D Be	additions/changes to o	FFICERS AND	☐ Change	
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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 supplier 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 control of 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 or an anachment with an address.

NONATURE.

CR2E037 (10/97)

FILED

Feb 26 1998 8:00am

Secretary of State