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Feb 24, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000000177**

1. Corporation Name  
**CONGREGATION BETH TIKVAH OF WEST BOCA RATON, INC**

Principal Place of Business <b>19001 HAMPTON DRIVE BOCA RATON FL 33434 US</b>	Mailing Address <b>19001 HAMPTON DRIVE SUITE C-1-2 BOCA RATON FL 33434 US</b>
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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified <b>01/05/1994</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>65-0459810</b>
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**WEINROTH, ROBERT S. SR.  
21786 MARIGOT DRIVE  
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent

81 Name **WEINROTH, ROBERT S.**  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELTZER, ROBERT A.	1.2 NAME	SELTZER, ROBERT A.
STREET ADDRESS	20893 AVEREL RUN	1.3 STREET ADDRESS	20893 AVEREL RUN
CITY-ST-ZIP	BOCA RATON FL 33428	1.4 CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WASSERMAN, JACI	2.2 NAME	COHEN, ALLAN S.
STREET ADDRESS	33340 HOLLYHOCK TR	2.3 STREET ADDRESS	12043 ROCKWELL WAY
CITY-ST-ZIP	BOCA RATON FL 33431	2.4 CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOWLER, FRAN	3.2 NAME	BERKOWITZ, NAN
STREET ADDRESS	9296 LAKE SERENA DR	3.3 STREET ADDRESS	18083 CLEAR BROOK CIR LCE
CITY-ST-ZIP	BOCA RATON FL 33496	3.4 CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOCKS, MICHAEL	4.2 NAME	WEINROTH, ROBERT S.
STREET ADDRESS	12069 QUILTING LN	4.3 STREET ADDRESS	PO BOX 971271
CITY-ST-ZIP	BOCA RATON FL 33428	4.4 CITY-ST-ZIP	BOCA RATON, FL 33497-1261
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERKOWITZ, NAN	5.2 NAME	LEVINE, FRAN
STREET ADDRESS	18083 CLEAR BROOK CIR LCE	5.3 STREET ADDRESS	10612 MENDOCINO LANE
CITY-ST-ZIP	BOCA RATON FL 33498	5.4 CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KURLAND, ELLEN	6.2 NAME	STEIN, MAXINE
STREET ADDRESS	11669 COUNTRY NEW LANE	6.3 STREET ADDRESS	20789 CIPRES WAY
CITY-ST-ZIP	BOCA RATON FL 33428	6.4 CITY-ST-ZIP	BOCA RATON, FL 33433

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: \_\_\_\_\_ DATE: 18 JAN 99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)