SECONE AMOUNT DU	NOTICE: CORPORATION WILL BE D E ON OR BEFORE 09/15/99: \$61.25 (IF DISS	ISSOLVED ON OR AFTER SEPT OLVED, MINIMUM AMOUNT DUE TO	FIL	ED	e —						
		FLORIDA DEPART		Jul 27, 199	0))))) 						
1	AL REPORT	Secretary		Secrétary	y of State						
	1999 🥄 🍪	07-27-1999 9000	08 033 ****61.25								
DOCUMENT # N9400003855											
	EACH ORTHODOX SYNAGO	GUE, INC.				—					
			Ň	المعالمة ال * 596127-	90008 - 33 7 *						
Principal Place		Mailing Address				_					
235 SUNRISE PENTHOUSE	AVE	P.O, BOX 3225 Palm Beach FL 33480				· _					
PALM BEACH	FL 33480	US		I INNI INI KANDANA MANA	III) OMIII COIDU IIIE IOIDI OIDI DILI IIII	_					
2. Principal Pl	ace of Business	2a. Mailing Address 26		3. Date Incorporated or Qualifed 08/04/1994							
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	<u> </u>	4. FEI Number Applied For 65-0478910 Not Applicable							
22 City & State	22 27 City & State				Not Applicable \$8.75 Additional	-					
23		28		5. Certifcate of Status Desired	Fee Required						
Zip 24	Country	Zip 3	Country	6. Election Campaign Financing Trust Fund Contribution	Added to Fees						
	9. Name and Address of Current		1	10. Name and Address of New Regi							
\square	Spilling ->			Jarary, Henry M.							
	HENRY M ' LAGLER DR		82 Street A	ddress (P.O. Box Number is Not Acceptable)] _					
	LM BEACH FL 33405		83								
			84 City	+ Relan Berl	FL 85 Zip Code	1					
11. 2 which is a state of the number of 2,000 and 617,000 Elected State to the above some of comparison submits the statement for the number of changing its registered											
11. Pursuant to the provisions of Sections of 7.0502 and of 7.1502, hold a Statutes, the above named corporation's domains submertain to the purpose of hearing 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: R	egistered Agent signature req		DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	(5/99) 					
NAME	dp Steinberg, Edward		1.2 NAME								
STREET ADDRESS	235 SUNRISE AVE		1.3 STREET ADDRESS			2E037					
CITY-ST-ZIP TITLE	PALM BEACH LF 33480	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	∤ ਲ਼ <u>∭</u>					
NAME	LAPKIN, THEODORE		2.2 NAME								
STREET ADORESS	235 SUNRISE AVE		2.3 STREET ADDRESS								
CITY-ST-ZIP TITLE	.PALM_BEACH FL 33480		2.4 CITY-ST-ZIP 3.1 TITLE	14 1.4 0	Change Addition	=					
NAME	MANDER, GARY		3.2 NAME	Marder, Gary							
STREET ADDRESS	235 SUNRISE AVENUE PALM BEACH FL 33480		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP								
CITY-ST-ZIP TITLE	DP			Calfornal Michael	Change Addition	-1					
NAME	Gelfund, Michael 235 Sunrise Avenue		•	Gelfond, Michael							
STREET ADDRESS	PALM BEACH FL 33480		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP								
TITLE	DT	DELETE	5.1 TITLE	Haran, Henry	Change Addition	! =					
	HARAMY, HENRY 7850 S FLAGLER DR		5.2 NAME 5.3 STREET ADDRESS								
STREET ADDRESS	W PALM BEACH FL 33405		5.4 CITY-ST-ZIP		<u> </u>	=					
TILE		DELETE	6.1 TITLE 6.2 NAME		Change Addition						
NAME STREET ADDRESS			6.2 NAME 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 an an and that my signature shall have the same legal effect as if made under oath; that I am an an an and that my signature shall have the same legal effect as if made under oath; that I am an an and that my signature shall have the same legal effect as if made under oath; that I am an an an an 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: SIGNATURE REQUERTEDHARALY 7/11/44 (561)655-544/ =											
	SIGNATURE AND TYPED OR	RINTED NAME OF SIGNING OFFICER O		Date	Daytime Phone #						

s	lG	N/	λT	U	R	E
-				-		-

(561)655-5441 Daytime Phone #