

**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 # N94000005298 (4)**

1. Corporation Name  
**CHABAD OCEAN SYNAGOGUE, INC.**



Principal Place of Business      Mailing Address  
**1295 EAST HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009**      **1295 EAST HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/26/1994**      **05/16/1995**

2. Principal Place of Business      2a. Mailing Address  
**21**      **26**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**22**      **27**  
City & State      City & State  
**23**      **28**  
Zip      Country      Zip      Country  
**24**      **25**      **29**      **30**

4. FEI Number      Applied For  
**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  
**HODKIN, PETER M  
2200 WEST COMMERCIAL BLVD.  
SUITE 302  
FORT LAUDERDALE FL 33309**

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

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KASEN, BARRIE	
STREET ADDRESS	1911 JACKSON ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BONNARDEL, KENNETH	
STREET ADDRESS	20130 N.E. 26TH AVE.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BONNARDEL, LEIBA	
STREET ADDRESS	20130 N.E. 26TH AVE.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, MOSHE	
STREET ADDRESS	1108 N.E. 5TH ST.	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>300001918193</b>
5.4 CITY-ST-ZIP	<b>-08/09/96--01067--009</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>***61.25</b>
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**      **8/7/96**      **954-458-1877**  
Date      Daytime Phone #

CR2E037 (3/96)