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Jan 22 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003353 (8)

1. Corporation Name

CHABAD LUBAVITCH OF DOWNTOWN FORT LAUDERDALE II,  
INC.



Principal Place of Business

3515 GALT OCEAN DRIVE  
FT. LAUDERDALE FL 33308

Mailing Address

3515 GALT OCEAN DRIVE  
FT. LAUDERDALE FL 33308-6801

3. Date incorporated or Qualified  
07/14/1995

3a. Date of Last Report  
02/07/1996

2. Principal Place of Business

21 200 S.E. 6th St.

Suite, Apt. #, etc.

22 503

City & State

23 Ft. Lauderdale FL

Zip

24 33301

Country

25 -

2a. Mailing Address

26 200 S.E. 6th St.

Suite, Apt. #, etc.

27 503

City & State

28 Ft. Lauderdale FL

Zip

29 33301

Country

30 -

4. FEI Number  
65-0614600

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

LAZARUS, DAVID M  
1815 GRIFFIN ROAD  
SUITE 403  
DANIA FL 33004

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LIPSZYC, RABBI A  
STREET ADDRESS 12 FORT ROYAL ISLE  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

DELETE

TITLE SD  
NAME LIPSZYC, RABBI M  
STREET ADDRESS 1033 OAKLAND PARK BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33334

DELETE

TITLE TD  
NAME LIPSZYC, RABBI A  
STREET ADDRESS 3515 GALT OCEAN DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/96 (954) 763-8119  
Date Daytime Phone # 0034308

CR2E037 (9/96)