

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # N95000005568 (9)**

**CHABAD CENTER OF KENDALL, INC.**



Principal Place of Business: 10905 S.W. 107 AVENUE MIAMI FL 33176  
 Mailing Address: 10905 S.W. 107 AVENUE MIAMI FL 33176

3. Date Incorporated or Qualified: 11/27/1995  
 4. FEI Number: 65-0667380  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-sections for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: DEARR, CRAIG R, 8950 NORTH KENDALL DRIVE, MIAMI FL 33156

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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	D	1.1 TITLE	D
NAME	HARLIG, YOSSEF Y	1.2 NAME	DAVID ANSLANDER
STREET ADDRESS	10905 S.W. 107 AVENUE	1.3 STREET ADDRESS	10571 SW 109 CT
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D	2.1 TITLE	CRAIG DEARR
NAME	HARLIG, NACHAMA	2.2 NAME	
STREET ADDRESS	10905 S.W. 107 AVENUE	2.3 STREET ADDRESS	10571 SW 109 CT
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	33176
TITLE	D	3.1 TITLE	MICHAEL GREENSBAM
NAME	DALFIN, CHAYA	3.2 NAME	
STREET ADDRESS	10905 S.W. 107 AVENUE	3.3 STREET ADDRESS	10571 SW 109 CT
CITY-ST-ZIP	MIAMI FL 33176	3.4 CITY-ST-ZIP	33176
TITLE		4.1 TITLE	SECRETARY
NAME		4.2 NAME	BLAN LEBOWITZ
STREET ADDRESS		4.3 STREET ADDRESS	10571 SW 109 CT
CITY-ST-ZIP		4.4 CITY-ST-ZIP	33176
TITLE		5.1 TITLE	BERNARD NUGSBAM
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	10571 SW 109 CT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE		6.1 TITLE	VICE PRESIDENT
NAME		6.2 NAME	ISAAC SALVON
STREET ADDRESS		6.3 STREET ADDRESS	10571 SW 109 CT
CITY-ST-ZIP		6.4 CITY-ST-ZIP	33176

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.

SIGNATURE: \_\_\_\_\_

CR2E037 (10/97)