

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000021 (3)**
1. Corporation Name

CHABAD OF KEY WEST, INC.



Principal Place of Business 418 EATON STREET KEY WEST FL 33040	Mailing Address 418 EATON STREET KEY WEST FL 33040
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3. Date Incorporated or Qualified
01/02/1996

4. FEI Number
65-0635011

Applied For	
Not Applicable	

2. Principal Place of Business 21 800 Eisenhower Suite, Apt. #, etc.	2a. Mailing Address 26 321 Grinnell Street Suite, Apt. #, etc.
22	27
23 City & State Key West, FL	28 City & State Key West, FL
24 Zip 33040	25 Country Monroe
29 Zip 33040	30 Country Monroe

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

9. Name and Address of Current Registered Agent

ZUCKER, JACOB
418 EATON STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name Jacob Zucker
82 Street Address (P.O. Box Number Is Not Acceptable) 321 Grinnell Street
83
84 City Key West
85 Zip Code FL 33040

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 *Jacob Zucker* DATE **4/21/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BISTON, JOSEPH % 418 EATON ST. KEY WEST FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZUCKER, JACOB % 418 EATON ST. KEY WEST FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZUCKER, CHANA % 418 EATON ST. KEY WEST FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> <input type="checkbox"/> Addition Joseph Biston 1335 Lenox Ave MIAMI, FL 33139
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> <input type="checkbox"/> Addition VPD Chana Zucker 321 Grinnell Street Key West, FL 33040
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PD Mordechai ARAZI 329 Duval Street Key West, FL 33040
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD Zadok Cohen 3301 Duval Ave Key West, FL 33040
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jacob Zucker* DATE **4/20/98** **3052950206**

CR2E037 (10/97)