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Apr 16, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000021

1. Corporation Name
CHABAD OF KEY WEST, INC.

Principal Place of Business 800 EISENHOWER KEY WEST FL 33040 US	Mailing Address 321 GRINNELL ST KEY WEST FL 33040 US
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* 3 4 7 5 1 8 *



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 01/02/1996	4. FEI Number 65-0635011	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent ZUCKER, JACOB 321 GRINNELL ST KEY WEST FL 33040	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 4/12/99
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	<input type="checkbox"/> DELETE BISTON, JOSEPH 1335 LENOX AVE MIAMI FL 33139	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD	<input type="checkbox"/> DELETE ZUCKER, JACOB % 418 EATON ST. KEY WEST FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD	<input type="checkbox"/> DELETE ZUCKER, CHANA 321 GRINNELL ST KEY WEST FL 33040	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD	<input type="checkbox"/> DELETE ARAZI, MORDECHAI 329 DUVAL ST KEY WEST FL 33040	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD	<input type="checkbox"/> DELETE COHEN, ZADOK 3301 DUCK AVE KEY WEST FL 33040	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <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, with all other like empowered.

SIGNATURE: Jacob Zucker DATE 4/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

0025049

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