

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

APPROVED  
AND  
FILED

1998 JUN 30 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-06/30/98--01022--006  
\*\*\*\*122.50 \*\*\*\*122.50  
DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N96000001779</b> 1. Corporation Name <b>Congregation Beth EL OF CENTRAL FLORIDA, INC.</b>			
Principal Place of Business <b>160 IBIS ROAD</b> <b>LONGWOOD, FL 32779</b>		Mailing Address	

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For			
<b>160 IBIS Rd</b> Longwood		Suite, Apt #, etc.		<b>59-3379183</b>		Not Applicable			
City & State <b>Longwood</b>		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
Zip <b>FL</b>		Country <b>32779</b>		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 <b>FL</b>		25 <b>32779</b>		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**NORMAN DACHMAN**  
**1445 VALLEY PINE CR.**  
**APOPKA, FL 32712**

10. Name and Address of New Registered Agent

81 Name  
**NORMAN DACHMAN**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1445 VALLEY PINE CR**

83

84 City  
**APOPKA**

85 Zip Code  
**FL 32712**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **5/12/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>NORMAN DACHMAN</b>	<input type="checkbox"/> DELETE
NAME	<b>1445 VALLEY PINE CR</b>	
STREET ADDRESS	<b>APOPKA, FL 32712</b>	
CITY-ST-ZIP	<b>APOPKA, FL 32712</b>	
TITLE	<b>RON LIVINGSTON</b>	<input type="checkbox"/> DELETE
NAME	<b>VP</b>	
STREET ADDRESS	<b>275 SPRING LAKE HILLS DR.</b>	
CITY-ST-ZIP	<b>ATTAPULGUS SPRINGS, FL 32714</b>	
TITLE	<b>RUSSELL GOLDBERG</b>	<input type="checkbox"/> DELETE
NAME	<b>T</b>	
STREET ADDRESS	<b>108 POINT VW LN</b>	
CITY-ST-ZIP	<b>LONGWOOD, FL 32779</b>	
TITLE	<b>RICHARD GORTFRIED</b>	<input type="checkbox"/> DELETE
NAME	<b>D</b>	
STREET ADDRESS	<b>575 RANDON TERRACE</b>	
CITY-ST-ZIP	<b>LAKE MARY, FL 32746</b>	
TITLE	<b>RUTH GOLDNER</b>	<input type="checkbox"/> DELETE
NAME	<b>S</b>	
STREET ADDRESS	<b>3423 IBIS DL</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32803</b>	
TITLE	<b>FRED MANUS</b>	<input type="checkbox"/> DELETE
NAME	<b>P</b>	
STREET ADDRESS	<b>4817 SHORELINE CR</b>	
CITY-ST-ZIP	<b>SANFORD, FL 32771</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>HENRY DREIFUS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>D</b>	
13 STREET ADDRESS	<b>532 MASALO PL</b>	
14 CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

SCC 6-29-98

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *[Signature]* DATE: **5/12/98**

CR2E034 (10/97)