


FILE NOW: FILING FEE IS \$61.25

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Mar 13, 1999 8:00 am
Secretary of State

03-13-1999 90002 005 ***183.75

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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 # N98000000082

1. Corporation Name
BETH MENACHEM TORAH CENTER, INC.

Principal Place of Business 3349 N.E. 42ND COURT FORT LAUDERDALE FL 33308	Mailing Address 3349 N.E. 42ND COURT FORT LAUDERDALE FL 33308
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2. Principal Place of Business 21 20533 Biscayne Blvd Suite, Apt. #, etc. 416 City & State Aventura FL Zip 33180 Country U.S.A.	2a. Mailing Address 26 20533 Biscayne Suite, Apt. #, etc. 416 City & State Aventura FL Zip 33180 Country USA	3. Date Incorporated or Qualified 01/08/1998	4. FEI Number 65-0857469 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 LAZARUS, DAVID M 235 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024	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
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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 _____ 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	DELETE <input type="checkbox"/>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LIPSZYC, RABBI ABRAHAM		1.2 NAME	
STREET ADDRESS 3349 N.E. 42ND COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE FL 33308		1.4 CITY-ST-ZIP	
TITLE D	DELETE <input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LIPSZYC, RIVKA		2.2 NAME	
STREET ADDRESS 3349 N.E. 42ND COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE FL 33308		2.4 CITY-ST-ZIP	
TITLE D	DELETE <input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPALTER, RABBI YISROEL		3.2 NAME	
STREET ADDRESS 3349 N.E. 42ND COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE FL 33308		3.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ DATE: 2/5/99 DAYTIME PHONE #: 305-932-8119

CR2E037 (11/98)