

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 13, 1999 8:00 am**  
**Secretary of State**

03-13-1999 90002 005 \*\*\*183.75

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> 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 <b>20533 Biscayne Blvd</b>	2a. Mailing Address 26 <b>20533 Biscayne</b>	3. Date Incorporated or Qualified <b>01/08/1998</b>
Suite, Apt. #, etc. 22 <b>416</b>	Suite, Apt. #, etc. 27 <b>416</b>	4. FEI Number <b>65-0857469</b>
City & State 23 <b>Aventura FL</b>	City & State 28 <b>Aventura FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>33180</b>	Country 25 <b>U.S.A.</b>	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip 29 <b>33180</b>	Country 30 <b>USA</b>	

9. Name and Address of Current Registered Agent <b>LAZARUS, DAVID M</b> <b>235 N. UNIVERSITY DRIVE</b> <b>PEMBROKE PINES FL 33024</b>		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
			<b>FL</b>
			85 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LIPSYC, RABBI ABRAHAM</b> <b>3349 N.E. 42ND COURT</b> <b>FORT LAUDERDALE FL 33308</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LIPSYC, RIVKA</b> <b>3349 N.E. 42ND COURT</b> <b>FORT LAUDERDALE FL 33308</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPALTER, RABBI YISROEL</b> <b>3349 N.E. 42ND COURT</b> <b>FORT LAUDERDALE FL 33308</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **2/5/99** **305-932-8119**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)