

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 705561 (9)**  
 1. Corporation Name  
**THE HEBREW HOME FOR THE AGED OF MIAMI BEACH, INC**



Principal Place of Business <b>320 COLLINS AVE. MIAMI FL 33139-6903</b>	Mailing Address <b>320 COLLINS AVE. MIAMI FL 33139-6903</b>
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3. Date Incorporated or Qualified <b>05/06/1963</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-0825837</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Zip

9. Name and Address of Current Registered Agent  
**ZILBERT, LEONARD  
 20515 E. COUNTRY CLUB DRIVE  
 AVENTURA FL 33180**

10. Name and Address of New Registered Agent  
 81 Name  
**ZUBKOFF, DR. WILLIAM**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2 S. HIBISCUS DR.**  
 83  
 84 City  
**MIAMI BEACH, FL** 85 Zip Code  
**33139**

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 *[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ZILBERT, LEONARD</b>		1.2 NAME <b>ZUBKOFF, DR. WILLIAM</b>	
STREET ADDRESS <b>1701 ALTON ROAD</b>		1.3 STREET ADDRESS <b>2. S. HIBISCUS DR.</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL</b>		1.4 CITY-ST-ZIP <b>MIAMI BEACH, FL. 33139</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ZUBKOFF, DR. WILLIAM</b>		2.2 NAME <b>SCHWARTZ, FELICE</b>	
STREET ADDRESS <b>2 SOUTH HIBISCUS DRIVE</b>		2.3 STREET ADDRESS <b>600 ALTON RD.</b>	
CITY-ST-ZIP <b>MIAMI BCH. FL</b>		2.4 CITY-ST-ZIP <b>MIAMI BEACH, FL. 33139</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KALUS, ELIOT</b>		3.2 NAME	
STREET ADDRESS <b>20500 W. OCUNTRY CLUB DR.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>AVENTURA FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WINAWER, HANNAH</b>		4.2 NAME	
STREET ADDRESS <b>401 69TH STREET</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI BEACH FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MENIN, BRUCE</b>		5.2 NAME <b>MENIN, BRUCE</b>	
STREET ADDRESS <b>5601 COLLINS AVENUE</b>		5.3 STREET ADDRESS <b>100 LINCOLN RD.</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL</b>		5.4 CITY-ST-ZIP <b>MIAMI BEACH, FL. 33139</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GALBUT, RUSSELL W</b>		6.2 NAME <b>GALBUT, RUSSELL</b>	
STREET ADDRESS <b>5601 COLLINS AVENUE</b>		6.3 STREET ADDRESS <b>5601 COLLINS AVE.</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL</b>		6.4 CITY-ST-ZIP <b>MIAMI BEACH, FL. 33139</b>	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)