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Jan 30 1997 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764217 (6)

1. Corporation Name

HEBREW HOME FOR THE AGED, NORTH DADE HOUSING, IN CORPORATED



Principal Place of Business

Mailing Address

NG. INCORPORATED
320 COLLINS AVENUE
MIAMI BEACH FL 33139

NG. INCORPORATED
320 COLLINS AVENUE
MIAMI BEACH FL 33139-6903

3. Date Incorporated or Qualified 07/19/1982
3a. Date of Last Report 07/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-0825837
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZUBKOFF, WILLIAM DR
2 S HIBISCUS DR
MIAMI BEACH FL 33139

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

William Zubkoff

Signature, typed or printed name of registered agent acceptable if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	GALBUT, HYMAN	
STREET ADDRESS	4470 PINE TREE DR	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	GALBUT, RUSSELL	
STREET ADDRESS	5601 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ZUBKOFF, WILLIAM	
STREET ADDRESS	2 SOUTH HIBISCUS DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KALUS, ELLIOT	
STREET ADDRESS	20500 W. COUNTRY CLUB DR.	
CITY-ST-ZIP	AVENTURA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WINAWER, HANNAH	
STREET ADDRESS	6770 INDIAN CREEK DR.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROTH, IRWIN	
STREET ADDRESS	138 N.E. 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
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	

14. I do 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.

SIGNATURE *William Zubkoff*

CR2E037 (9/96)