


FILE NOW: FILING FEE IS \$61.25

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Mar 02 1998 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764217 (6)

1. Corporation Name
**HEBREW HOME FOR THE AGED, NORTH DADE HOUSING, INC
 CORPORATED**

Principal Place of Business NG. INCORPORATED 320 COLLINS AVENUE MIAMI BEACH FL 33139	Mailing Address NG. INCORPORATED 320 COLLINS AVENUE MIAMI BEACH FL 33139
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3. Date Incorporated or Qualified
07/19/1982

4. FEI Number
59-0825837

Applied For
 Yes Not Applicable

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

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

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

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

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 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	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALBUT, HYMAN	1.2 NAME	
STREET ADDRESS	4470 PINE TREE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALBUT, RUSSELL	2.2 NAME	
STREET ADDRESS	5601 COLLINS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUBKOFF, WILLIAM	3.2 NAME	
STREET ADDRESS	2 SOUTH HIBISCUS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALUS, ELLIOT	4.2 NAME	
STREET ADDRESS	20500 W. COUNTRY CLUB DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINAWER, HANNAH	5.2 NAME	D
STREET ADDRESS	6770 INDIAN CREEK DR.	5.3 STREET ADDRESS	Marshall H. Berkson
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	111 Palm Avenue
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, IRWIN	6.2 NAME	200002433792
STREET ADDRESS	138 N.E. 2ND AVENUE	6.3 STREET ADDRESS	-02/18/98--01027--006
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	***183.75

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.

SIGNATURE: *William Zubkoff*

CR2E037 (10/97)