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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 # N00751 (0)
1. Corporation Name
HEBREW HOME FOR THE AGED OF MIAMI BEACH AND NORTH DADE - HEBREW HOME FOUNDATION, INC.



Principal Place of Business: 320 COLLINS AVE. MIAMI BEACH FL 33139
Mailing Address: 320 COLLINS AVE. MIAMI BEACH FL 33139-6903

3. Date Incorporated or Qualified: 01/05/1984
3a. Date of Last Report: 07/17/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (26-29)
City & State (22, 27)
Zip (24, 29) Country (25, 30)

4. FEI Number: 59-0825837
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: 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
85 Zip Code: FL

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 (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | C | <input type="checkbox"/> DELETE |
| NAME | GALBUT, RUSSELL W. | |
| STREET ADDRESS | 5601 COLLINS AVENUE | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MENIN, BRUCE | |
| STREET ADDRESS | 5445 COLINS AVE. | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | ZUBKOFF, WILLIAM DR. | |
| STREET ADDRESS | 2. S. HIBISCUS DR. | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | KALUS, ELLIOT | |
| STREET ADDRESS | 20500 W. COUNTRY CLUB DR. | |
| CITY-ST-ZIP | AVENTURA FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | SCHWARTZ, FELICE | |
| STREET ADDRESS | 600 ALTON RD. | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | ROTH, IRWIN | |
| STREET ADDRESS | 138 NE 2ND AVE | |
| CITY-ST-ZIP | MIAMI FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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)