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Feb 18 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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 NORT
H DADE - HEBREW HOME FOUNDATION, INC.

Principal Place of Business

Mailing Address

320 COLLINS AVE.
MIAMI BEACH FL 33139

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MIAMI BEACH FL 33139

3. Date Incorporated or Qualified

01/05/1984

4. FEI Number

59-0825837

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME GALBUT, RUSSELL W.
STREET ADDRESS 5801 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D
NAME MENIN, BRUCE
STREET ADDRESS 5445 COLINS AVE.
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE PD
NAME ZUBKOFF, WILLIAM DR.
STREET ADDRESS 2. S. HIBISCUS DR.
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE TD
NAME KALUS, ELLIOT
STREET ADDRESS 20500 W. COUNTRY CLUB DR.
CITY-ST-ZIP AVENTURA FL

TITLE SD
NAME SCHWARTZ, FELICE
STREET ADDRESS 600 ALTON RD.
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VD
NAME ROTH, IRWIN
STREET ADDRESS 138 NE 2ND AVE
CITY-ST-ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

500002433795

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X

Signature of registered agent

CR2E037 (10/97)