## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # NO0751

1. Corporation Name

HEBREW HOME FOR THE AGED OF MIAMI BEACH AND NORTH DADE - HIBBREW HOME FOUNDATION, INC.

Principal Place of Business

320 COLLINS AVE. MIAMI BEACH FL 33139 Mailing Address

320 COLLINS AVE. MIAMI BEACH FL 33139

## FILED Apr 14, 1999 8:00 am & Secretary of State

04-14-1999 90165 005 \*\*\*245.00



							İ				_		_
2. Principal P	lace of Business	2a. Mailing	Address				3.	Date Incorporated	or Qualifed				l
21		26						01/05/1984					
Suite, Apt. #, etcSuite, Apt. #, etc							4.,	FEI Number	=			pplied For	25
27								59-0825837				lot Applicable	
City & State City & State							5.	Certificate of Statu	s Desired	⊡		Additional	l
23 28							<u> </u>				Fee F	Required	1
Zip					Country			Election Campaign	_	Ė		May Be	ļ
24	25 29 30						Т.	Trust Fund Contri				to Fees	
	9. Name and Address of Current	Registered Ag	ent		na   N.	<del> </del>	10.	Name and Addre	ss of New I	Registered /	Agent		1
				}	B1 Na	me							1
ZUBKOFF, WILLIAM DR.					82 Street Address (P.O. Box Number is Not Acceptable)								
2 S. HIBISCUS DR.													l
MIAMI BEACH FL 33139					B3				•				
				h	B4 Cit	v	-				85 Zip	Code	1
	,			- 1	1	•				FL			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508,	Florida Statutes,	the ab	ove-nar	ned corpo	oratio	n submits this state	ment for the	purpose of	changing it	s registered	1
office or a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of amiliar with and accept the obligation.	ons of Seguen	cnange was autr <del>617.0503,</del> Florida	a Statut	es.	orporadoi	115 04	Data of directors. Fi		/	illifoni 43 i	og.s.c.ca	
SIGNATURE	Lely Alle (Med	$\mathcal{L}(0)$							0 2/2	1/99			
SIGNATURE		and title if applicable.	(NOTE: Re		gent signa	ture required			7	DATE		000 111 10	í
12.	OFFICERS AND		×	13.				ADDITIONS/CHAN	GES TO OF	-FICERS AN			
TITLE	<b>(C</b>		DELETE	1.1 TITL	E	-					Change	Addition	1
<u> Mame –</u>	GALFIUT, RUSSELL-W		12 NAME					=	<del></del>	<del></del>		=	
STREET ADDRESS	5601 COLLINS AVENUE			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		ESS		;					ļ
CITY-ST-ZIP	MIANI BEACH FL 33139									·			Ì
TITLE	D		☐ DELETE 2.1 TIT		E					,	Change	☐ Addition	\ \
NAME	MENIN, BRUCE			2.2 NAM	Æ						, .		ļ
STREET ADDRESS	5445 COLINS AVE.			2.3 STR	EET ADDR	EET ADDRESS							1
CITY-ST-ZIP	MIAMI BEACH FL 33139			2. 4 CITY-ST-ZIP									
TITLE	PD		☐ DELETE	3.1 TITE	E						Change	☐ Addition	
NAME	ZUBKOFF, WILLIAM DR. 321		3.2 NAN	3.2 NAME			•					1	
STREET ADDRESS	2. S. HIBISCUS DR.			3.3 STR	EET ADDR	ESS							
CITY-ST-ZIP	MIAMI BEACH FL 33139			3.4. CIT	Y-ST-ZIP	_					<u> </u>		
TITLE			4.1 TITL	£						☐ Change	Addition		
NAME	KALUS, ELLIOT			4. 2 NAJ	ME								
STREET ADDRESS	AARAN IN AALINERN ALLIA DD			4.3 STR	EET ADDR	ess					:		
CITY-ST-ZIP	AVENTURA FL		,	4.4 CITY	Y-ST-ZIP					· .			]
TITLE			5.1 TITL							Change	Addition	1	
NAME			5.2 NAM	NAME								1	
STREET ADDRESS	600 ALTON RD.		<u> </u>	.5.3 STR	EET ADDR	ESS	=	_ <del></del>	·	<del></del>	<del></del>	<del></del>	1-
CITY-ST-ZIP	MIAMI BEACH FL 33139			5.4 CITY	Y-ST-ZIP			·		<u> </u>		<u> </u>	
TITLE	VD			6.1 TITL	TITLE				ì		Change	Addition	
NAME	ROTH, IRWIN	TH. IRWIN . 621		6.2 NAA	AME				•				
STREET ADDRESS	400 NE OND AVE			6.3 STR	EET ADDR	ESS					÷		
SINCE I AUDINESS	MANN EN		RAI			CITY-ST-7IP							

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 received 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, with all other like empowered.

SIGNATURE::

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

02/21/99

Daytime Phone #