


FILE NOW: FILING FEE IS \$61.25

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Apr 14, 1999 8:00 am  
Secretary of State

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

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00751

1. Corporation Name

HEBREW HOME FOR THE AGED OF MIAMI BEACH AND NORT  
H 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



21	2. Principal Place of Business	26	2a. Mailing Address	3.	Date Incorporated or Qualified	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	4.	FEI Number	Applied For
22	City & State	27	City & State		59-0825837	Not Applicable
23	Zip	28	Zip	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Country		Country		<input type="checkbox"/>	
24		29		6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		30			<input type="checkbox"/>	

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 617.0509, Florida Statutes.

SIGNATURE

*William Dr. Zubkoff*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/21/99  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALENT, RUSSELL W.	1.2 NAME	
STREET ADDRESS	5601 COLLINS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENIN, BRUCE	2.2 NAME	
STREET ADDRESS	5445 COLINS AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUBKOFF, WILLIAM DR.	3.2 NAME	
STREET ADDRESS	2. S. HIBISCUS DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	3.4 CITY-ST-ZIP	
TITLE	TD <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	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, FELICE	5.2 NAME	
STREET ADDRESS	600 ALTON RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, IRWIN	6.2 NAME	
STREET ADDRESS	138 NE 2ND AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *William Dr. Zubkoff*

SIGNATURE REQUIRED

02/21/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)