

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 12 1998 8:00am
Secretary of State**

| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N34815 (3)
1. Corporation Name
MAGEN DAVID CONGREGATION OF FLORIDA, INC.



| | |
|---|---|
| Principal Place of Business C/O LEE MILICH P.A. 11900 BISCAYNE BLVD. 809 NORTH MIAMI BEACH FL 33181 | Mailing Address C/O LEE MILICH P.A. 11900 BISCAYNE BLVD. 809 NORTH MIAMI BEACH FL 33181 |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 10/20/1989 | |
| 4. FEI Number 65-0158475 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

**MILICH, LEE
19000 BISCAYNE BLVD
SUITE 809
NORTH MIAMI FL 33181**

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 |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | CHERA, STANLEY | |
| STREET ADDRESS | 19667 TURNBERRY WAY | |
| CITY-ST-ZIP | N MIAMI BEACH FL | |
| TITLE | VSD | <input type="checkbox"/> DELETE |
| NAME | JEMAL, JACK | |
| STREET ADDRESS | 19707 TURNBERRY WAY | |
| CITY-ST-ZIP | N MIAMI BEACH FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | SHAMAH, AVE. | |
| STREET ADDRESS | 19707 TURNBERRY | |
| CITY-ST-ZIP | N MIAMI BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DUSHEY, JACK | |
| STREET ADDRESS | 16 E 40TH ST | |
| CITY-ST-ZIP | NEW YORK NY | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ASHEAR, MORRIS | |
| STREET ADDRESS | 718 AVE O | |
| CITY-ST-ZIP | BROOKLYN NY | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | MORRIS ASHEAR |
| 5.3 STREET ADDRESS | 257 MOUNTAINE RD. |
| 5.4 CITY-ST-ZIP | BAKHURST, NY 10775 |
| 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 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: *Morris Ashear* **718-236-5905**

CR2E037 (10/97)