

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000000821 (9)

1. Corporation Name  
**MAGEN DAVID OF TURNBERRY, INC.**



Principal Place of Business: 19707 TURNBERRY WAY #26J N. MIAMI BEACH FL 33180  
Mailing Address: 12550 BISCAYNE BLVD. SUITE 402 N. MIAMI FL 33181 US

3. Date incorporated or Qualified: 03/02/1993  
3a. Date of Last Report: 01/30/1995  
4. FEI Number: 65-0399473  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: MARKS, KIM C, 12550 BISCAYNE BLVD. SUITE 402, N. MIAMI FL 33181

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.150B, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SITT, EDDIE	
STREET ADDRESS	19707 TURNBERRY WAY, #26J	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HARARY, RALPH	
STREET ADDRESS	19707 TURNBERRY WAY, #28G	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRANCO, LOU	
STREET ADDRESS	19355 TURNBERRY WAY, #15H	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARARY, LEON	
STREET ADDRESS	19707 TURNBERRY WAY, #6J	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	BRAHA, JACK	
STREET ADDRESS	19707 TURNBERRY WAY, #26F	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GINDI, JOSEPH	
STREET ADDRESS	19667 TURNBERRY WAY	
CITY-ST-ZIP	AVENTURA 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: \_\_\_\_\_ DATE: 1/22/96 DAYTIME PHONE #: 305-933-2269

CR2E037 (12/95)