

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N93000000821 (9)
1. Corporation Name
MAGEN DAVID OF TURNBERRY, INC.



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|--|--|
| Principal Place of Business 19707 TURNBERRY WAY #26J N. MIAMI BEACH FL 33180 | Mailing Address 12550 BISCAYNE BLVD. SUITE 402 N. MIAMI FL 33181-2537 US |
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|---|--|
| 3. Date Incorporated or Qualified 03/02/1993 | 3a. Date of Last Report 01/26/1996 |
| 4. FEI Number 65-0399473 | Applied For 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 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 11900 BISCAYNE BLVD |
| Suite, Apt #, etc. 22 | Suite, Apt #, etc. 27 SUITE 290 |
| City & State 23 | City & State 28 N. MIAMI FL |
| Zip 24 | Country 25 USA |
| Country 25 | Zip 29 33181 |
| Country 25 | Country 30 DADGE |

9. Name and Address of Current Registered Agent
**MARKS, KIM C
11900 BISCAYNE BLVD. SUITE 290 N. MIAMI FL 33181**

10. Name and Address of New Registered Agent
**MARKS, KIM C
11900 BISCAYNE BLVD SUITE 290 N. MIAMI FL 33181**

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|---|
| TITLE PD | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SITT, EDDIE | | 1.2 NAME | |
| STREET ADDRESS 19707 TURNBERRY WAY, #26J | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP N. MIAMI BEACH FL | | 1.4 CITY-ST-ZIP | |
| TITLE VPD | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HARARY, RALPH | | 2.2 NAME | |
| STREET ADDRESS 19707 TURNBERRY WAY, #28G | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP N. MIAMI BEACH FL 33180 | | 2.4 CITY-ST-ZIP | |
| TITLE SD | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME FRANCO, LOU | | 3.2 NAME | |
| STREET ADDRESS 19355 TURNBERRY WAY, #15H | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP N. MIAMI BEACH FL 33180 | | 3.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HARARY, LEON | | 4.2 NAME | |
| STREET ADDRESS 19707 TURBERRY WAY, #6J | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP N. MIAMI BEACH FL | | 4.4 CITY-ST-ZIP | |
| TITLE ATD | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BRAHA, JACK | | 5.2 NAME | |
| STREET ADDRESS 19707 TURNBERRY WAY, #26F | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP N. MIAMI BEACH FL 33180 | | 5.4 CITY-ST-ZIP | |
| TITLE T | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME GINDI, JOSEPH | | 6.2 NAME | |
| STREET ADDRESS 19667 TURNBERRY WAY | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP AVENTURA FL | | 6.4 CITY-ST-ZIP | |

14. I do 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: _____ DATE: **1/20/97** DAYTIME PHONE: **305-933-2269**

CR2E037 (9/96)