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FILED
Feb 18, 1999 8:00am
Secretary of State

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-18-1999 90105 047 *****61.25

DOCUMENT # N93000000821

1. Corporation Name

MAGEN DAVID OF TURNBERRY, INC.

7 71409 90105 47 9

Principal Place of Business

19707 TURNBERRY WAY
 #26J
 N. MIAMI BEACH FL 33180

Mailing Address

11900 BISCAYNE BLVD
 SUITE 290
 N MIAMI FL 33181
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

03/02/1993

4. FEI Number

65-0399473

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

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

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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE

NAME **SITT, EDDIE**
 STREET ADDRESS **19707 TURNBERRY WAY, #26J**
 CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE VPD DELETE

NAME **HARARY, RALPH**
 STREET ADDRESS **19707 TURNBERRY WAY, #28G**
 CITY-ST-ZIP **N. MIAMI BEACH FL 33180**

TITLE SD DELETE

NAME **FRANCO, LOU**
 STREET ADDRESS **19355 TURNBERRY WAY, #15H**
 CITY-ST-ZIP **N. MIAMI BEACH FL 33180**

TITLE D DELETE

NAME **HARARY, LEON**
 STREET ADDRESS **19707 TURNBERRY WAY, #6J**
 CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE ATD DELETE

NAME **BRAHA, JACK**
 STREET ADDRESS **19707 TURNBERRY WAY, #26F**
 CITY-ST-ZIP **N. MIAMI BEACH FL 33180**

TITLE T DELETE

NAME **GINDI, JOSEPH**
 STREET ADDRESS **19667 TURNBERRY WAY Apt. 21K**
 CITY-ST-ZIP **AVENTURA FL 33180**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99 305-938-2269

Date

Daytime Phone #

CR2E037 (1/98)