

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 08 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000004704 (0)

1. Corporation Name  
 KING DAVID SOCIETY INTERNATIONAL, INC.



Principal Place of Business: 7006 HUNTINGTON LANE #104 BLDG. 12 DELRAY BEACH FL 33446  
 Mailing Address: 765A E NEW YORK AVE. BROOKLYN NY 11203

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		09/10/1996			
22		27		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		36-4087152		Not Applicable	
23		28		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
24		25		29		30	
Zip		Country		Zip		Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

YISHAI, RABBI DAVID M B  
 7006 HUNTINGTON LANE #104 BLDG. 12  
 DELRAY BEACH FL 33446

81 Name: RABBI DAVID MARCIANO Isha  
 82 Street Address (P.O. Box Number is not acceptable): 7006 HUNTINGTON LANE #104 1/2  
 83 City: Delray Beach  
 84 City: Delray Beach FL 85 33446

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]* DATE: 7/21/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P.D.	P YISHAI, RABBI DAVID M B 7006 HUNTINGTON LANE #104 BLDG. 12 DELRAY BEACH FL 33446	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <del>DR</del>	<del>D. CRAIG SCARLETT 7212 HAYCFIELD AV PHILADELPHIA PA 19151</del>	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	V.P. GREENSPAN HARRY 7006 HUNTINGTON LANE. DELRAY BEACH FLA	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	BECKY MARCIANO 2333 N. 68TH ST. WAUKATOSA, WIS. 53213	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	SECRETARY DR MALVIN J. LANCY 1515 S PEPPERVILLE DR. STENSVILLE, M.D. 20868	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: 7/21/97

CR2E037 (4/97)