

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		4. FEI Number		Applied For	
21		26		36-4087152		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24. Zip		25. Country		29. Zip		30. Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

3. Date Incorporated or Qualified		3a. Date of Last Report	
09/10/1996			
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	

9. Name and Address of Current Registered Agent
 YISHAI, RABBI DAVID M B
 7006 HUNTINGTON LANE #104 BLDG. 12
 DELRAY BEACH FL 33446

10. Name and Address of New Registered Agent
 81 Name: RABBI DAVID MARCIANO Isha
 82 Street Address (P.O. Box Number is not acceptable): 7006 HUNTINGTON LANE #104 BLDG. 12
 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

TITLE: P.D.	NAME: P	DELETED: <input type="checkbox"/>
STREET ADDRESS: 7006 HUNTINGTON LANE #104 BLDG. 12	CITY-ST-ZIP: DELRAY BEACH FL 33446	
TITLE: D.	NAME: D. CRAIG SCARLETT	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: 7212 HAYCFIELD AV	CITY-ST-ZIP: PHILADELPHIA PA 19151	
TITLE: D	NAME: V.P. GREENSPAN HARRY	DELETED: <input type="checkbox"/>
STREET ADDRESS: 7006 HUNTINGTON LANE.	CITY-ST-ZIP: DELRAY BEACH FLA	
TITLE: D	NAME: BECKY MARCIANO	DELETED: <input type="checkbox"/>
STREET ADDRESS: 2333 N. 68TH ST.	CITY-ST-ZIP: WAQUATOSA WIS. 53213	
TITLE: D	NAME: DR MALVIN J. LANCY	DELETED: <input type="checkbox"/>
STREET ADDRESS: 1515 S PEPPERVILLE DR.	CITY-ST-ZIP: STEANSVILLE M.D. 20868	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signature]* DATE: 7/21/97

CR2E037 (4/97)