


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 02 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 702550 (5)
 1. Corporation Name
WERTHEIM FLAGLER GABLES BENEVOLENT ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business 5049 SW 71 PLACE MIAMI FL 33155 | Mailing Address 5049 SW 71 PLACE MIAMI FL 33155 |
|---|---|

3. Date Incorporated or Qualified
06/12/1961

4. FEI Number
59-0815805

| | |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
|--------------------------------------|---------------------------|

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

| | |
|---------------------------|---------------------------|
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
|---------------------------|---------------------------|

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

| | |
|--------------------|--------------------|
| City & State 23 | City & State 28 |
|--------------------|--------------------|

7. Is this nonprofit corporation a homeowners association?
 Yes No

| | | | |
|-----------|---------------|-----------|---------------|
| Zip 24 | Country 25 | Zip 29 | Country 30 |
|-----------|---------------|-----------|---------------|

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWMAN, NATHAN
7328 SW 48TH ST
MIAMI, FL
33155

| | |
|---|-----------|
| 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 _____ (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 |
| NAME | WEINSTEIN, HERBERT | |
| STREET ADDRESS | 5750 SW 116TH AVE | |
| CITY-ST-ZIP | MIAMI, FL 00000 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | CUTTLE, PHILLIP | |
| STREET ADDRESS | 9261 SW 68 ST | |
| CITY-ST-ZIP | MIAMI, FL 00000 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | PRISAND, PHILIP | |
| STREET ADDRESS | 3020 SW 62ND COURT | |
| CITY-ST-ZIP | MIAMI, FL 00000 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | BLITT, IRA | |
| STREET ADDRESS | 8600 SW 86 CT | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | FREED, JESS | |
| STREET ADDRESS | 5045 SW 65TH AVE | |
| CITY-ST-ZIP | MIAMI, FL 00000 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | NEWMAN, NATHAN | |
| STREET ADDRESS | 5049 SW 71 PL | |
| CITY-ST-ZIP | MIAMI, FL 00000 | |

| | |
|--------------------|--|
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | D HARVEY MORRIS |
| 5.3 STREET ADDRESS | 17901 S.W. 89th CT, Miami, FL |
| 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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]* **HERBERT WEINSTEIN** *[Signature]* **3056622007**

CR2E037 (10/97)