


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90208 049 ****61.25

0032149

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 702550

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
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/12/1961
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0815805
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINSTEIN, HERBERT 5750 SW 116TH AVE MIAMI, FL 00000 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD PHILIP L. COLLER 8500 S.W. 92nd ST #106 MIAMI, FL 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUTTLE, PHILLIP 9261 SW 68 ST MIAMI, FL 00000 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V.P.D STUART BOTWINICK 9102 S.W. 65th TERR MIAMI FL 33173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRISAND, PHILIP 3020 SW 62ND COURT MIAMI, FL 00000 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD PHILIP PRISAND 3020 S.W. 62nd CT MIAMI FL 33155 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLITT, IRA 8600 SW 86 CT MIAMI FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	F.S.D NATHAN NEWMAN 5049 S.W. 71st Place MIAMI FL 33155 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, MORRIS 17901 S W 89TH CT MIAMI FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SD BERNARD WEINBERG 13707 S.W. 66th ST #405C MIAMI FL 33183 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEWMAN, NATHAN 5049 SW 71 PL MIAMI, FL 00000 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D LOU GROSSMAN 11435 S.W. 87th TERR MIAMI FL 33173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Nathan Newman SIGNATURE REQUIRED: NATHAN NEWMAN Date: 4/19/99 Daytime Phone #: 301-662-2007

CR2E037 (1/98)