

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 704428 (2)

1. Corporation Name

OPT-MRS CLUB OF MIAMI BEACH INC

Principal Place of Business

Mailing Address

C/O BETTY GOTTLIEB  
5838 COLLINS AVENUE. #3A  
MIAMI BEACH FL 33140  
USC/O BETTY GOTTLIEB  
5838 COLLINS AVE. #3A  
MIAMI BEACH FL 33140-2264  
US3. Date Incorporated or Qualified  
08/17/19623a. Date of Last Report  
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 c/o BEVERLY HORNREICH

26 7508 Jewel Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 7508 Jewel Ave.

27 No. Bay Village, Fla.

City &amp; State

City &amp; State

23 No. Bay Village, Fla.

28 33141

Dade

Zip

Zip

Country

24 33141

25 Dade

29

30

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HORNREICH, BEVERLY  
7508 JEWEL AVENUE  
NORTH BAY VILLAGE FL 33141

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

BEVERLY HORNREICH *Beverly Hornreich*

DATE

2/6/97

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 PD ☐ DELETE  
NAME PLATT, JUDI  
STREET ADDRESS 1564 DAYTONIA RD  
CITY-ST-ZIP MIAMI BEACH FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE TD ☒ DELETE  
NAME GOTTLIEB, BETTY  
STREET ADDRESS 5838 COLLINS AVE. #3-A  
CITY-ST-ZIP MIAMI BCH, FL 000002.1 TITLE ☒ Change ☐ Addition  
2.2 NAME TD  
2.3 STREET ADDRESS BEVERLY HORNREICH  
2.4 CITY-ST-ZIP 7508 JEWEL AVE.  
NORTH BAY VILLAGE, FLA. 33141TITLE VPD ☐ DELETE  
NAME SEGAL, HELEN  
STREET ADDRESS 9111 E. BAY HARBOR DR. #3-E  
CITY-ST-ZIP BAL HARBOR FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE RSD ☐ DELETE  
NAME KUR, NORMA  
STREET ADDRESS 4747 COLLINS AVE  
CITY-ST-ZIP MIAMI BEACH FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE CTD ☒ DELETE  
NAME HORNREICH, BEVERLY  
STREET ADDRESS 7508 JEWEL AVE  
CITY-ST-ZIP N BAY VILLAGE FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
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:

*Beverly Hornreich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/6/97 305-865-3089

Daytime Phone # 0028585

CP2E037 (9/96)