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FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **704428** (2)

1. Corporation Name

OPT-MRS CLUB OF MIAMI BEACH INC



Principal Place of Business C/O BEVERLY HORNREICH 7508 JEWEL AVE NO. BAY VILLAGE FL 33141 US	Mailing Address 7508 JEWEL AVE 5838 COLLINS AVE. #3A NO BAY VILLAGE FL 33141 US
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3. Date Incorporated or Qualified

08/17/1962

4. FEI Number

59-6159342

Applied For

Not Applicable

2. Principal Place of Business

21 **90 Helen Segal**

Suite, Apt. #, etc.

22 **9111 E. Bay Harbor Dr. #3F**

City & State

23 **Bay Harbor Isl, FL**

Zip

Country

24 **33154**

25 **45**

2a. Mailing Address

26 **9111 E. Bay Harbor Dr. #3F**

Suite, Apt. #, etc.

27 **Bay Harbor Isl, FL**

City & State

28 **33154**

Zip

Country

29 **US**

30 **US**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

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

**HORNREICH, BEVERLY
7508 JEWEL AVENUE
NORTH BAY VILLAGE FL 33141**

10. Name and Address of New Registered Agent

81 Name

Helen Segal

82 Street Address (P.O. Box Number is Not Acceptable)

9111 E. Bay Harbor Dr. #3F

83

Bay Harbor Island

84 City

FL

85

Zip Code
33154

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 **Helen Segal Treasurer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Helen Segal

1/27/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PLATT, JUDI	
STREET ADDRESS	1564 DAYTONIA RD	
CITY - ST - ZIP	MIAMI BEACH FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BEVERLY HORNREICH	
STREET ADDRESS	7508 JEWEL AVE	
CITY - ST - ZIP	NO. BAY VILLAGE FL	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SEGAL, HELEN	
STREET ADDRESS	9111 E. BAY HARBOR DR. #3E	
CITY - ST - ZIP	BAL HARBOR FL	

TITLE	RSD	<input type="checkbox"/> DELETE
NAME	KUR, NORMA	
STREET ADDRESS	4747 COLLINS AVE	
CITY - ST - ZIP	MIAMI BEACH FL	

TITLE	CTD	<input checked="" type="checkbox"/> DELETE
NAME	HORNREICH, BEVERLY	
STREET ADDRESS	7508 JEWEL AVE	
CITY - ST - ZIP	N BAY VILLAGE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TD Helen Segal
2.3 STREET ADDRESS	9111 E. Bay Harbor Dr. #3F
2.4 CITY - ST - ZIP	Bay Harbor Isl, FL #33154

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VPD Morris, Myrna
3.3 STREET ADDRESS	9300 W. Bay Harbor Dr. #3B
3.4 CITY - ST - ZIP	Bay Harbor Isl, FL 33154

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	SD Weinotcin, Bernice
5.3 STREET ADDRESS	19925 N.E. 10 Pl Way
5.4 CITY - ST - ZIP	No. Miami Beach, FL 33179

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(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:

Helen Segal **REQUIRE**

1/27/98 (305)866-1385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)