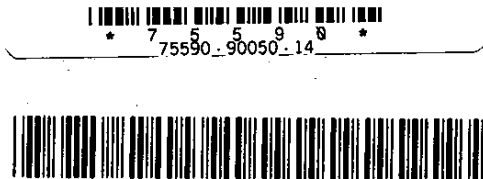


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 19, 1999 8:00am
Secretary of State

02-19-1999 90050 014 *****61.25



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

DOCUMENT # 730616

1. Corporation Name

TALMUDIC COLLEGE OF FLORIDA, INC.

Principal Place of Business

1910 ALTON RD
MIAMI BEACH FL 33139
US

Mailing Address

1910 ALTON ROAD
MIAMI BEACH FL 33139
US

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified	
21		26	09/05/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number
22		27	59-1571122	
City & State		City & State		5. Certificate of Status Desired
23		28	☐ \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	
24		29	30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
HILL, IRA 1910 ALTON RD MIAMI BCH FL 33139			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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ZWEIG, RABBI YOCHANAN	1.2 NAME	
STREET ADDRESS	2035 N. BAY RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VDT	2.1 TITLE	☐ Change ☐ Addition
NAME	ZWEIG, YITZCHAK	2.2 NAME	
STREET ADDRESS	2033 N BAY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	SIMON, MILTON RABBI	3.2 NAME	
STREET ADDRESS	1910 ALTON RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99

305534-7050
Daytime Phone #

CR2E037 (11/98)