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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1. Corporation Name

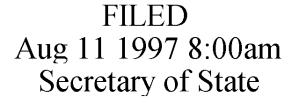
743866

(6)

HOREB COLLEGE INC.

Principal.	Place o	of Business

Mailing Address





			4014 CHASE AVENUE Miami Beach Fl 33140-3446								
					3. Date Incorporated or Qualified 08/07/1978		a. Date of Last Report 05/01/1996				
2. Principal Place of Business 2a. Mailing Address			ss			4. FEI Number		Appl	ed For		
21			26	4 · l · · · · · · · · · · · · · · · · ·			59-1832333		Not /	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, e	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 -	75 Ad		
22			27	4				F	ee Requ	ulred	
City & State			— ·	City & State			6. Election Campaign Financing		i.00 м		
23	28						Trust Fund Contribution L. Added to Fees				
Zip 24		Country	Zip	·			8. This corporation has liability for intangible tax under s. 199.032,				
24 25 29 30 30 9. Name and Address of Current Registered Agent				i	Florida Statutes						
	9 , (10.110	and mounded or our	Tolk riogistorou Aguit		81	Name	10. Name and Address of New Ne	gistereu Agent			
DEMAILET	T JOOK E	60			L	140/10					
BENNETT, JOSH ESQ 420 LINCOLN ROAD			82	Street Ad	Address (P.O. Box Number is Not Acceptable)						
SUITE 440				83							
MIAMI BEACH FL 33139											
Wir am O	D10111110	0100			84	City		FL 85	Zip Co	de	
11. Pursuant t	to the provis	ions of Sections 617.0	0502 and 617.1508, Florida	Statutes, t	he above	l e-named co	progration submits this statement for the p		ina its r	egistered	
office or re	egistered ag m familiar wi	ent, or both, in the St	ale of Florida. Such chang	e was autho 503. Florida	orized by	the corpor	orporation submits this statement for the pration's board of directors. I hereby accept	t the appointme	nt as re	gistered	
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: Re	gistered Age	nl signalure req	quired when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS 1:			13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS	IN 12		
TALE	PD		☐ DELI	ETE	1.1 TITLE			☐ Ch	ange	Addition	
NAME	STRELNICK, RON D				1.2 NAME						
STREET ADDRESS	The amount of the contract of				1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI BEACH FL 33139			1.4 CITY - S	T-ZIP						
TITLE	ŞD		☐ DELI	ETE	2.1 TITLE		Change Ac			Addition	
NAME	= * * * * *			2.2 NAME							
STREET ADDRESS				2.3 STREET	ADDRESS	1					
CITY-ST-ZIP	MIAMI BEACH FL 33140 2.4			2. 4 CITY-5	ST-ZIP						
TITLE				3.1 TITLE			☐ Ch	ange [Addition		
NAME		n, Jeremiah			3.2 NAME						
STREET ADDRESS		IASE AVENUE		-	3.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI B	EACH FL			3.4. DITY-5	ST-ZIP					
TITLE			☐ DELE	:IE	4.1 TITLE			L Ch	inge [Addition	
NAME	Á				4. 2 NAME					ŀ	
STREET ADDRESS	.1				4.3 STREET	ADDRESS					
CITY - ST - ZIP	<u> </u>		. Dece		4.4 CITY-S	T-2IP					
TITLE			☐ DELE	: I E	5.1 TITLE			∐ Ch	inge [Addition	
NAME					5.2 NAME						
STREET ADDRESS				i	5.3 STREET						
CITY-ST-ZIP			OF LE	TC .	5.4 CITY-S	T- ZIP			-		
TITLE	1		DELE	:10	6.1 TITLE			☐ Cha	ruđe [Addition	
NAME '	•				6.2 NAME		•				
STREET ADDRESS					6.3 STREET	1					
CITY-ST-ZIP			2. 1 1. 1. 1. 1. 1.		6.4 CITY-S	T- ZIP					

I do nereby certify that the information supplied with this filling does not qualify for the exemption stated in section (1907), norther certify that the information indicated on this 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 3 if changes, or on an attachment with an address.