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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752060 (4)
1. Corporation Name
MIGDAL DAVID, INC.

Principal Place of Business Mailing Address
8565 W MCNAB RD 8565 W MCNAB RD
TAMARAC FL 33321 TAMARAC FL 33321

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

FOGEL, GEORGE.
10422 E CLAIRMONT CIRCLE.
TAMARAC FL 33321

3. Date Incorporated or Qualified
04/16/1980
4. FEI Number
59-2064929
Applied For
Not Applicable

6. 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

10. Name and Address of New Registered Agent

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

TITLE	PD	NAME	SWIFT, RUSSELL	STREET ADDRESS	7515 NW 88 WAY	CITY-ST-ZIP	TAMARAC FL	<input checked="" type="checkbox"/> DELETE
TITLE	VSD	NAME	MUELLER, GARY	STREET ADDRESS	9452 NW 46 CT	CITY-ST-ZIP	SUNRISE FL	<input type="checkbox"/> DELETE
TITLE	TD	NAME	ABRAHAM, FRENNO	STREET ADDRESS	9150 LIME BAY BAG BLVD	CITY-ST-ZIP	TAMARAC FL	<input checked="" type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Abraham Freund	1.2 NAME	9150 Lime Bay Blvd	1.3 STREET ADDRESS	Tamarac FL 33321	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	Vice President	2.2 NAME	Gary Mueller	2.3 STREET ADDRESS	9452 NW 46 Ct	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	Robert Goldstein	3.2 NAME	9900 NW 70 Street	3.3 STREET ADDRESS	Tamarac FL 33321	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	Herman Gross	4.2 NAME	954 Wedon Circle	4.3 STREET ADDRESS	Tamarac FL 33321	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	Gary Mueller	5.2 NAME	9452 NW 46 Court	5.3 STREET ADDRESS	Sunrise FL 33351	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	Maxwell Domes	6.2 NAME	7707 Ashmont Circle	6.3 STREET ADDRESS	Tamarac FL 33321	6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input 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.

SIGNATURE: Herman Gross 1/7/98 954 726 4962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037227

CR2E037 (10/97)