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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752060

1. Corporation Name

MIGDAL DAVID, INC.

Principal Place of Business

8565 W MCNAB RD
TAMARAC FL 33321

Mailing Address

8565 W MCNAB RD
TAMARAC FL 33321



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/16/1980

4. FEI Number

59-2064929

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FOGEL, GEORGE
10422 E CLAIRMONT CIRCLE
TAMARAC FL 33321

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME FREUND, ABRAHAM
STREET ADDRESS 9150 LIME BAS BLVD
CITY-ST-ZIP TAMARAC FL 33321

TITLE VPD ☐ DELETE

NAME MUELLER, GARY
STREET ADDRESS 9452 NW 46 CT
CITY-ST-ZIP SUNRISE FL

TITLE TD ☐ DELETE

NAME GOLOLFEIN, ROBERT
STREET ADDRESS 8900 NW 70 ST
CITY-ST-ZIP TAMARAC FL 33321

TITLE D ☐ DELETE

NAME GROSS, HERMAN
STREET ADDRESS 9541 WELDON CIR
CITY-ST-ZIP TAMARAC FL 33321

TITLE D ☐ DELETE

NAME MUELLER, GARY
STREET ADDRESS 9452 NW 46 COURT
CITY-ST-ZIP SUNRISE FL 33351

TITLE D ☐ DELETE

NAME DOMES, MAXWELL
STREET ADDRESS 7707 ASHMONT CIR
CITY-ST-ZIP TAMARAC FL 33321

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)