

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754980 (1)

1. Corporation Name

BETH ZION, INC.

Principal Place of Business

129 SPARROW DRIVE
ROYAL PALM BEACH FL 33411

Mailing Address

129 SPARROW DRIVE
ROYAL PALM BEACH FL 33411-16133. Date Incorporated or Qualified
11/04/19803a. Date of Last Report
04/22/1996

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

4. FEI Number

59-2093052

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

BERK, LEE
12011 POIACIANA BLVD #106
ROYAL PALM BEACH FL 33411

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 R
NAME BARA O'DAN, RUTH
STREET ADDRESS 118 KINGFISHER WAY
CITY - ST - ZIP ROYAL PALM BCH FL

DELETE

TITLE VPD
NAME MARY BAUGHMAN
STREET ADDRESS 171 SUNFLOWER CIR.
CITY - ST - ZIP ROYAL PALM BCH FL

DELETE

TITLE VPD
NAME MARION LEAN
STREET ADDRESS 1131 HARMONY WAY
CITY - ST - ZIP ROYAL PALM BCH FL

DELETE

TITLE VPD
NAME VIOLA COLLINS
STREET ADDRESS 131 MEADOWLARK DR.
CITY - ST - ZIP ROYAL PALM BCH FL

DELETE

TITLE TD
NAME DR. RICHARD STOPEK
STREET ADDRESS 14356 HALTER RD.
CITY - ST - ZIP WELLINGTON FL

DELETE

TITLE SD
NAME KERRY BARON
STREET ADDRESS 13739 STAMFORD DR.
CITY - ST - ZIP WELLINGTON FL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

14. I do 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:

RUTH BARA O'DAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041046

CR2E037 (9/96)