

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **764217** (6)

1. Corporation Name

**HEBREW HOME FOR THE AGED, NORTH DADE HOUSING, IN  
CORPORATED**

Principal Place of Business

NG, INCORPORATED  
320 COLLINS AVENUE  
MIAMI BEACH FL 33139

Mailing Address

NG, INCORPORATED  
320 COLLINS AVENUE  
MIAMI BEACH FL 33139



3. Date Incorporated or Qualified  
**07/19/1982**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-0825837**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZILBERT, LEONARD  
20515 E. COUNTRY CLUB DR.  
AVENTURA FL 33180**

81

Name **ZUBKOFF, DR. WILLIAM**

82

Street Address (P.O. Box Number is Not Acceptable)  
**2. S. HIBISCUS DR.**

83

84

City **MIAMI BEACH,**

FL

Zip Code **33139**

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 ☒ DELETE  
NAME **PD ZILBERT, LEONARD**  
STREET ADDRESS **20515 E COUNTRY CLUB DR**  
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE ☐ DELETE  
NAME **V GALBUT, RUSSELL**  
STREET ADDRESS **5601 COLLINS AVENUE**  
CITY-ST-ZIP **MIAMI BCH. FL**

TITLE ☐ DELETE  
NAME **S ZUBKOFF, WILLIAM**  
STREET ADDRESS **2 SOUTH HIBISCUS DRIVE**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE  
NAME **T KALUS, ELLIOT**  
STREET ADDRESS **20500 W. COUNTRY CLUB DR.**  
CITY-ST-ZIP **AVENTURA FL**

TITLE ☐ DELETE  
NAME **VD WINAWER, HANNAH**  
STREET ADDRESS **6770 INDIAN CREEK DR.**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE  
NAME **VD ROTH, IRWIN**  
STREET ADDRESS **138 N.E. 2ND AVENUE**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

V **GALBUT, HYMAN** ☒ Change ☐ Addition  
**4470 PINE TREE DR.**  
**MIAMI BEACH, FL. 33139**

C **GALBUT, RUSSELL** ☒ Change ☐ Addition  
**5601 COLLINS AVE.**  
**MIAMI BEACH, FL. 33139**

P **ZUBKOFF, DR. WILLIAM** ☒ Change ☐ Addition  
**2. S. HIBISCUS DR.**  
**MIAMI BEACH, FL. 33139**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: <

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)