

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # K46192 (6)
 1. Corporation Name
TALMUDIC COLLEGE OF FLORIDA STUDENT HOUSING 1975
ALTON ROAD APARTMENTS, INC.

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| Principal Place of Business 1875 ALTON ROAD MIAMI BEACH FL 33139 | Mailing Address 1910 ALTON ROAD MIAMI BEACH FL 33139-1507 US |
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|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 11/15/1988 | 3a. Date of Last Report 05/01/1996 |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-1571122 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|---|--------------------------------|
| 9. Name and Address of Current Registered Agent SOSTCHIN, GUILLERMO 1800 SW 27TH AVE., SUITE 302 MIAMI FL 33135 | | 10. Name and Address of New Registered Agent | |
| | | 81 Name IRA HILL | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) 1910 Alton Rd | |
| | | 83 | |
| | | 84 City Miami Beach | 85 Zip Code FL 33139 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 607.0805, Florida Statutes.

SIGNATURE: *Chas Hill* **IRA HILL** **4/4/97**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | P ZWEIG, JEROME RABBI | 1.2 NAME | P D ZWEIG JEROME Rabbi |
| STREET ADDRESS | 2035 N. BAY RD. | 1.3 STREET ADDRESS | 2035 N Bay Rd |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | 1.4 CITY-ST-ZIP | Miami Beach FL 33140 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | V SIMON, MILTON RABBI | 2.2 NAME | SD Simon M. Hgg Rabbi |
| STREET ADDRESS | 2850 PAIRIE AVE. | 2.3 STREET ADDRESS | 1910 Alton Rd |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | 2.4 CITY-ST-ZIP | Miami Beach FL 33139 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | S BURSTYN, JEREMIAH RABBI | 3.2 NAME | VDT Zweig Yitzchak Rabbi |
| STREET ADDRESS | 4147 N. MERIDIAN AVE. | 3.3 STREET ADDRESS | 2035 North Bay Rd |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | 3.4 CITY-ST-ZIP | Miami Beach FL 33140 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Xitzchak Zweg* **XITZCHAK ZWEG** **4/4/97** **534-7050**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)