FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 9:13

DOCUMENT # N42485 (5)

1. Corporation Name
MIGDAL TOWER OF LIGHT, INC.

Principal Place of Business	Mailing Address
17019 W DIXIE HWY N MIAMI BEACH FL 33160-3764	17019 W DIXIE HWY N MIAMI BEACH FL 33160-3764

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1991
3a. Date of Last Report: 04/07/1994
4. FEI Number: 65-0344268 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 4014 CHASE AVENUE	26 4014 CHASE AVENUE
Suite, Apt. #, etc. 22 SUITE 217	Suite, Apt. #, etc. 27 SUITE 217
City & State 23 MIAMI BEACH, FLORIDA	City & State 28 MIAMI BEACH, FLORIDA
Zip / Country 24 33140 / 25	Zip / Country 29 33140 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHLONEGER, BARBARA D. 17019 W DIXIE HWY N MIAMI BEACH FL 33160	81 Name: RABBI NORMAN DONNER 82 Street Address (P.O. Box Number is Not Acceptable): 4041 CHASE AVENUE SUITE 217 83 84 City: MIAMI BEACH FL 85 Zip Code: 33140

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
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	DP	11 TITLE	D P	☒ Change ☒ Addition
NAME	SCHLONEGER, BARBARA D.	12 NAME	MEIR JUNGREIS	
STREET ADDRESS	17019 W DIXIE HWY	13 STREET ADDRESS	3605 FLAMINGO DRIVE	
CITY-ST-ZIP	N MIAMI BEACH FL	14 CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33140	
TITLE	DV	21 TITLE	D V	☒ Change ☐ Addition
NAME	SCHLONEGER, LOYAL	22 NAME	BARBARA SCHLONEGER	
STREET ADDRESS	17019 W DIXIE HWY.	23 STREET ADDRESS	17019 W DIXIE HIGHWAY	
CITY-ST-ZIP	N MIAMI BEACH FL	24 CITY-ST-ZIP	N MIAMI BEACH, FLORIDA 33162	
TITLE	DTS	31 TITLE	DS	☒ Change ☒ Addition
NAME	SCHLONEGER, PAUL	32 NAME	YEHUDA SHECHTER	
STREET ADDRESS	17019 W DIXIE HWY	33 STREET ADDRESS	290 174TH STREET APT 719	
CITY-ST-ZIP	N MIAMI BEACH FL	34 CITY-ST-ZIP N	MIAMI BEACH, FLORIDA 33162	
TITLE	D	41 TITLE	DT	☒ Change ☐ Addition
NAME	FABIEN, GIZELE	42 NAME	NILI JUNGREIS	
STREET ADDRESS	510 NW 133 ST	43 STREET ADDRESS	3605 FLAMINGO DRIVE	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33140	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	SHARPE, EVELYN	52 NAME	LOYAL SCHLONEGER	
STREET ADDRESS	5441 HILL-N-DALE LANE	53 STREET ADDRESS	18181 N E 31ST COURT #407	
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP	NORTH MIAMI BEACH, FLORIDA 33160	
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	NORMAN DONNER	
STREET ADDRESS		63 STREET ADDRESS	4101 PINETREE DRIVE	
CITY-ST-ZIP		64 CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33140	

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)(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043528