

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42485 (5)

1. Corporation Name
MIGDAL TOWER OF LIGHT, INC.



Principal Place of Business 4045 SHERIDAN AVENUE SUITE 212 MIAMI BEACH FL 33140 US	Mailing Address 4045 SHERIDAN AVENUE SUITE 212 MIAMI BEACH FL 33140 US
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3. Date Incorporated or Qualified 03/11/1991
4. FEI Number 65-0344268
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**DONNER, NORMAN
4045 SHERIDAN AVENUE
SUITE 212
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JUNGREIS, MEIR	
STREET ADDRESS	3805 FLAMINGO DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SHECHTER, YEHUDA	
STREET ADDRESS	290-174TH STREET	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DONNER, NORMAN	
STREET ADDRESS	4045 SHERIDAN AVENUE, APT. 212	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JUNGREIS, NILLIE	
STREET ADDRESS	3805 FLAMINGO DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DONNER, EVELYN	
STREET ADDRESS	4045 SHERIDAN AVENUE, APT. 212	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SCHOLONGER, BARBARA	
STREET ADDRESS	17019 W. DIXIE HIGHWAY	
CITY-ST-ZIP	N. MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Director/VP
2.3 STREET ADDRESS	Barbara D. Schloneger
2.4 CITY-ST-ZIP	17019 W. Dixie Hwy N. MIAM BEACH, FL 33162
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1 Trustee
3.3 STREET ADDRESS	LOYAL Schloneger
3.4 CITY-ST-ZIP	18181 N.E. 31st St #407 N MIAMI BEACH, FL 33160
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Director/Secretary
5.3 STREET ADDRESS	Muchum Donner
5.4 CITY-ST-ZIP	4045 Sheridan ave #212 MIAMI BEACH, FL 33140
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	THIRD TRUSTEE
6.3 STREET ADDRESS	EVELYN DONNER
6.4 CITY-ST-ZIP	4045 Sheridan ave #212 MIAMI BEACH, FL 33140

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.

SIGNATURE: *[Signature]* 4/29/98

CR2E037 (10/97)

Adding Two new names

7. Director/officer

Bernard SIMPSON

7037 Woodmont way

TAMARAC, FL 33321

8. Director/officer

Steve Karro

4014 Chase ave # 215

MIAMI Beach, FL 33140