

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90354 048 \*\*\*\*70.00

**DOCUMENT # N42485**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0344268

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME JUNGREIS, MEIR  
STREET ADDRESS 3605 FLAMINGO DRIVE  
CITY- ST- ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE DVP ☐ Delete  
NAME SCHLONEGER, BARBARA D  
STREET ADDRESS 17019 W DIXIE HWY  
CITY- ST- ZIP N MIAMI BEACH FL 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE T ☐ Delete  
NAME SCHLONEGER, LOYAL  
STREET ADDRESS 18181 NE 31ST CT 407  
CITY- ST- ZIP N MIAMI BCH FL 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME JUNGREIS, NILLIE  
STREET ADDRESS 3605 FLAMINGO DRIVE  
CITY- ST- ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE DS ☐ Delete  
NAME DONNER, MICHUM  
STREET ADDRESS 4045 SHERIDAN AVENUE, APT. 212  
CITY- ST- ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE T ☐ Delete  
NAME DONNER, EVELYN  
STREET ADDRESS 4045 SHERIDAN AVE 212  
CITY- ST- ZIP MIAMI BCH FL 33140

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04 - 305-5343339  
Date Daytime Phone #