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 JAN 30 AM 9:48

DOCUMENT # N93000000821 (9)

1. Corporation Name
MAGEN DAVID OF TURNBERRY, INC.

Principal Place of Business	Mailing Address
19707 TURNBERRY WAY #26J N. MIAMI BEACH FL 33180	19707 TURNBERRY WAY #26J N. MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1993
3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0399473 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 12550 - BISCAYNE BLVD	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 402	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28 N. MIAMI FLA.	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 33181 / Country 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

WOOLAND, FRANK
11601 BISCAYNE BLVD. #301
#209
N MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name: KIM MARKS CPA
82 Street Address (P.O. Box Number Is Not Acceptable): 12550 BISCAYNE BLVD
83 SUITE 402
84 City: N.MIAMI FL 85 Zip Code: 33181

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: [signature] Kim Marks 1/18/95
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	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	STITT, EDDIE	1.2 NAME	SITT EDDIE
STREET ADDRESS	19707 TURNBERRY WAY, #26J	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	HARARY, RALPH	2.2 NAME	
STREET ADDRESS	19707 TURNBERRY WAY, #28G	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	FRANCO, LOU	3.2 NAME	
STREET ADDRESS	19355 TURNBERRY WAY, #15H	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HARARY, LEON	4.2 NAME	
STREET ADDRESS	19707 TURBERRY WAY, #6J	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	ATD	5.1 TITLE	☐ Change ☐ Addition
NAME	BRAHA, JACK	5.2 NAME	
STREET ADDRESS	19707 TURNBERRY WAY, #26F	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	GINDI, JOSEPH	6.2 NAME	
STREET ADDRESS	19667 TURNBERRY WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	6.4 CITY-ST-ZIP	

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 addition.

SIGNATURE: [signature] 1/18/95 305 935-5805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074878