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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P33441

(7)

THE ECHNICATION FOR DEVELOPMENTALLY DISABLED CHIL

DREN IN ISRAEL, INC.											
Principal Place of Business Mailing Address							r 148 illes 1888 illes tille einer einer kall 61814 biler bilen dien einer 1881				
200 WEST 57 NEW YORK N		200 West New York	57TH ST. (NY 10019								
							3. Date Incorporated or Qualified 04/05/1991	3a. Date	of Last F /25/19	Report 95	
2. Principal Place of Business12a. M26			Mailing Address				19-9494701			pplied For ot Applicable	
Suite, Apt.	#, etc.	Suite, Ar	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	е	City & State					Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country Zip 25 29			Country 30			B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
•••	9. Name and Address of Curre	nt Registered Ag	ent				10. Name and Address of New Re	gistered Ag	ent		
					B 1	Name					
TG MANAGEMENT, INC. 4000 ISLAND BLVD., NORTH				1	62	Street Add	ss (P.O. Box Number is Not Acceptable)				
	BEACH FL 33160			Ī	B3						
				ļ	84	City		FL	85 Zip	Code	
or registe	to the provisions of Sections 617.050 ared agent, or both, in the State of Floi with, and accept the obligations of, Sec	rida. Such change	was authorize	s, the abov d by the co	e-n orpc	amed corpo oration's boa	oration submits this statement for the purp and of directors. I hereby accept the appo	ose of chang intment as re	ging Its re egistered :	gistered office agent. I am	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOT	E Registered A	Agent	signature requir	ed when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFIC	CERS AND D	DIRECTOR		
TITLE	PD		DELETE	1.1 7(1)	LE				Change	Addition	
NAME	TRUMP, EDDIE			1.2 NAI	ME						
STREET ADDRESS	4000 ISLAND BLVD., N.			1.3 \$TR	REET.	ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL			1.4 CIT	Y-S1	T-ZIP					
TITLE	D]DELETE	2.1 TITI	LΕ				Change	Addition	
NAME	TRUMP, JULIUS			2.2 NA1	ME						
STREET ADDRESS	4000 ISLAND BLVD., N.			2.3 STF	REET	ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL			2. 4 CiT		T-ZIP			101	CD 1449***	
TITLE	D STEPLIANE		DELETE	3.1 TITE					Change	Addition	
NAME	TRUMP, STEPHANIE			3 2 NAI							
STREET ADDRESS	4000 ISLAND BLVD., N.					ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL		TOELET?	3 4. CIT		T-ZIP			Chaege	Addition	
THILE	D TOURAD MAILLAND	L	DELETE	4 1 TITI				L	Change	☐ wandou	
NAME	TRUMP, WILLIAM			4. 2 NA							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL		Inc. ere	4.4 CIT		T- ZIP			Change	Addition	
TITLE	D CCCILIA	L	DELETE	5.1 TIT				L_	onange		
NAME	TRUMP, CECILIA			5.2 NAI							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL		Toci rac	5.4 CIT		T-ZIP		-	Change	☐ Addition	
TITLE	S IAMEC M	L	DELETE	6.1 111				L] Change		
NAME	LIEB, JAMES M.			6.2 NA							
CTREET ADDRESS	CONTRACTOR OF THE CONTRACTOR O										
STREET ADDRESS	4000 ISLAND BL.			6.3 \$TF	REET	ADDRESS					

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)(k). 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3/13/96 (908) 390-9400