

FILE NOW. FILING FEE AFTER MAY 1ST IS \$55

**PROFIT
CORPORATION
ANNUAL REPORT
1999**

 FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000033124

1. Corporation Name

**TALMUDIC COLLEGE OF FLORIDA STUDENT HOUSING FLOR
AL HALL APTS., INC.**

Principal Place of Business

 1910 ALTON ROAD
 MIAMI BEACH FL 33139

Mailing Address

 1910 ALTON ROAD
 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1998

4. FEI Number

5991571122

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
8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ZEMEL, DANIEL
 2875 N.E. 191ST STREET STE. 304
 AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name

IRA Hill

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

1910 Alton Rd

84 City

Miami Beach

FL

85 Zip Code

33139

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 12

☐ Change ☒ Addition

PD

Zweig Yochanan Rabbi

2035 N Bay Rd

MB-FL 33140

VDT

Zweig Yitzchak

2035 N Bay Rd

MB-FL 33140

SD

Simon Milton

1910 Alton Rd

MB-FL 33139

☐ Change ☒ Addition☐ Change ☒ Addition☐ Change ☐ Addition☐ Change ☐ Addition☒ Change ☐ Addition
 14. I hereby certify that the information supplied with this form 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 supporting 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 executor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in
Block 12 or Block 13 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

2/2/99

305 534-7050

Date

Daytime Phone

CR2E034 (11/98)