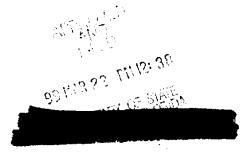
166	NOTE.	LIFU		^1	145	ma.	1ST	IS	\$5	ξ
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PROFIT CORPORATION



FLORIDA DEPARTMENT

ANNUAL REPORT 1999			
DOCUMENT # PC	800003312	4	
TALMUDIC COLLEGE OF AL HALL APTS., INC.	FLORIDA STUDENT H	IOUSING FLOR	
Principal Place of Business	Mailing Ad	dress	
1910 ALTON ROAD MIAMI BEACH FL 33139	1910 ALTON MIAMI BEAK	I ROAD CH FL 33139	
			3. Date Inco
			04/10/1
2. Principal Place of Business	2a. Mailing	Address	4. FEI Numb



								1		DO NOT WA	UTE IN THIS	SPACE		
								3.	Date Incor	porated or Qualifec	1			
2.	Principal Place of Busi	ness	2.	Mailing Address			*		FEI Numb			_ [Applied For	
21			26				·	J	7715	7/122			Not Applicat	ole
22	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	27	Suite, Apt. #, etc.				1		of Status Dusired			75 Additional e Required	
23	City & State		28	City & State	. • · · · ·			6		ampaign Financing Contribution	0		00 May Be ded to Fees	==
	Žip .	Соильту	-1,	Ζiρ	Cour	ilry		8.	This corpo	ration owes the Cu	rent year in	angible		
24		25	29		30			ı	Personal P	Property Tax.		☐ Yes	□ No	
Ī_		and Address of Curren	t Regi	stered Agent		_		10.	Name and	Address of New	Registered	Agent		
	ZEMEL, DA ni e	1				81	Name	I	RA	Hill		<u> </u>		
		ST STREET STE. 304			Ĺ	83	Street Addre	55 (P	1410	mber is Not Accep	(a)			
	aventura fl	33180 -			[83			_	· •	•	•		
						84	City	M	1.WW	beach	FL	85	3939	
1	· Pursuant to the provide	sions of Sections 607.050;	and 6	07.1508, Florida State	ites, the ab	OVE	-named corpo	retion	submits th	is statement for the	purpose of	changin	g its registered	3

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS DELETE Change 1,1 TETLE TITLE weig Yochenan Robbi

	Signature, typed or printed name of registered agent and othe if applicable	(NOTE: Re	egetered Agent eightfure			DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIO	NS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 12
ITTLE		DELETE	1,1 TEILE	60		☐ Change	Addition
NAME			1.2 hAME	1.5 we 3a	Yochenan R	1770	
STREET ADDRESS	s		13 STREET ADDRESS	2035 N Ka	u R.I		
CITY-ST-ZP			14 CITY-ST-ZIP	M.B. FL	33146		
TITLE		DELETE	2.1 YITLE	VDT		☐ Change	∆ Addition
NAME			22 NAME	Zweig Yit	echek		
STREET ADORES	s		23 STREET ADDRESS	8033 N B	Li ed		
CRY-ST-ZIP			2 4 CTY-ST-ZIP	MB. EL	33 i.y.O		·
TILE		DELETE	31 TITLE	30		Change	□ Addition
NAME	}	·	32 NAME	l Simon Mi	lton		
STREET ADDRESS	s	1	3.3 STREET ADDRESS	MIDAltink	ાં		
C/TY-S1-ZIP		'	3.6. CITY-\$7-21P	m.B.FL 3	3131		
TITLE		DELETE	4.1 TITLE	-,		☐ Change	☐ Adddition
HAVE			4,2 NAME				
STREET ADDRESS	s		4.3 STREET ADDRESS				
CITY-ST-ZIP			44 C/TV+ST-ZIP			•	
TITLE		DELETE	5.1 TITLF			☐ Change	Addition
NAME			52 NAME				
STREET ADDRESS	5		53 STREET ADDRESS				
CITY-ST-ZIP			54 C/TY-ST-ZIP				
TITLE		DELETE	61 TITLE	 		, Change	(Addition
NAME			02 NAME			$-SK_{i}(\mathcal{L})$	161
#FDEET LANGES			6 1 STREET ACCRESS			2.3477	t (

halfy for the exemption stated in Section 118 07(3)(i), Florida Statutes, I further certify that the information of accurate and that my signature shall have the same legal effect as If made under oath; that I am an ed to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in with all other like empowered

NAME OF BIGHING OFFICER OR DIRECTOR

SIGNATURE:

301 534-7050