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Jun 16 1997 8:00am  
Secretary of State

MP

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000003137 (5)

1. Corporation Name

HAIFA MEDICAL DEVELOPMENT FUND, INC.



Principal Place of Business

Mailing Address

31 JARED DRIVE  
WHITE PLAINS NY 10805

31 JARED DRIVE  
WHITE PLAINS NY 10805-3411

3. Date Incorporated or Qualified  
06/28/1995

3a. Date of Last Report  
05/20/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

13-3811775

Applied For  
Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23. City & State

28. City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LONDON, THEODORE  
7233 AYRSHIRE LANE  
BOCA RATON FL 33498

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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  DELETE  
NAME LONDON, THEODORE  
STREET ADDRESS 7233 AYRSHIRE LANE  
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE  
NAME BARSKY, CORRINE  
STREET ADDRESS 35 EAST 78TH STREET  
CITY-ST-ZIP NEW YORK NY

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME KLOTZ, EDWARD  
STREET ADDRESS 3700 WASHINGTON STREET  
CITY-ST-ZIP HOLLYWOOD FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME SHERMAN, LEE  
STREET ADDRESS 31 JARED DRIVE  
CITY-ST-ZIP WHITE PLAINS NY

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME ZELIG, ERNEST  
STREET ADDRESS 2800 ISLAND BLVD., #2902  
CITY-ST-ZIP WILLIAMS ISLAND FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

*Lee Sherman*  
5/11/97 (914) 948/5527

14. I do 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 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:

SIGNATURE REQUIRED

CP2E037 (9/96)