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May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 718672 (9)

1. Corporation Name  
TEMPLE SOLEL, INC.



Principal Place of Business: 5100 SHERIDAN STREET HOLLYWOOD FL 33021  
Mailing Address: 5100 SHERIDAN STREET HOLLYWOOD FL 33021-2827

3. Date Incorporated or Qualified: 06/12/1970  
3a. Date of Last Report: 01/29/1996  
4. FEI Number: 23-7079611  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
WEISS, R. JOEL  
2131 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: FL 85

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		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KATZIN, ALFRED	
STREET ADDRESS	3620 SIMMS ST	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FRIESNER, BRUCE	
STREET ADDRESS	5431 N. 36 CT.	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SOLODKIN, JEFFREY	
STREET ADDRESS	3501 N 32ND TERRACE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EDISON, MARGARET	
STREET ADDRESS	5741 S.W. 37 TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LESSIN, JANE	
STREET ADDRESS	4391 MANGRUM CT.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pomerantz, Robert	
1.3 STREET ADDRESS	4800 North Hills Drive	
1.4 CITY-ST-ZIP	Hollywood, FL. 33021	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Schain, Ronald	
2.3 STREET ADDRESS	1012 S. North Lake Dr.	
2.4 CITY-ST-ZIP	Hollywood, FL. 33019	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Schwartz, Richard	
3.3 STREET ADDRESS	76 Ivy Road	
3.4 CITY-ST-ZIP	Hollywood, FL. 33021	
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Edison, Margaret	
4.3 STREET ADDRESS	5741 S.W. 37th Terr.	
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33312	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Sossini, Robert	
5.3 STREET ADDRESS	5107 Roosevelt St.	
5.4 CITY-ST-ZIP	Hollywood, FL. 33021	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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]* SIGNATURE REQUIRED 04-25-97 (954) 962-0611  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021596

CR2E037 (9/96)