

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 2:00

DOCUMENT # 731644 (1)

1. Corporation Name
TEMPLE KOL AMI, INC.

Principal Place of Business Mailing Address
8200 PETERS ROAD 8200 PETERS ROAD
PLANTATION FL 33324-3201 PLANTATION FL 33324-3201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/17/1975 3a. Date of Last Report 02/16/1994
4. FEI Number 23-7449716 Applied For Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LEVINE, KENNETH
8200 PETERS ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 540 PEBBLE CREEK WAY
83
84 City PLANTATION FL 85 Zip Code 33324

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	FEINER, STUART
STREET ADDRESS	9441 SEA TURTLE MANOR
CITY-ST-ZIP	PLANTATION FL
TITLE	TD
NAME	ASH, ROBERT L.
STREET ADDRESS	1801 SW 51 TERRACE
CITY-ST-ZIP	PLANTATION FL
TITLE	SD
NAME	LUNDY, RICK
STREET ADDRESS	680 HUMMINGBIRD LANE E
CITY-ST-ZIP	PLANTATION FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 hereon, or on an attachment with an address.

SIGNATURE: *Richard Lundy* (RICHARD LUNDY) 4/6/95 (305) 472-1988
DATE: 4/6/95