

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **731644** (1)
1. Corporation Name
TEMPLE KOL AMI, INC.



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

3. Date Incorporated or Qualified: **01/17/1975**
3a. Date of Last Report: **02/01/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, and Zip/Country.

4. FEI Number: **23-7449716**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
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
540 PEBBLE CREEK WAY
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name: **DIANE MICHAELS**
82 Street Address (P.O. Box Number is Not Acceptable): **9800 WEATHERVANE MANOR**
84 City: **PLANTATION** FL 85 Zip Code: **33324**

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 617.003, Florida Statutes.

SIGNATURE: *[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	<input checked="" type="checkbox"/> DELETE
NAME	FEINER, STUART	
STREET ADDRESS	9441 SEA TURTLE MANOR	
CITY-ST-ZIP	PLANTATION FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ASH, ROBERT L.	
STREET ADDRESS	1801 SW 51 TERRACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LUNDY, RICK	
STREET ADDRESS	680 HUMMINGBIRD LANE E	
CITY-ST-ZIP	PLANTATION FL	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	DIANE MICHAELS	
STREET ADDRESS	9800 WEATHERVANE MANOR	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT COLMAN	
1.3 STREET ADDRESS	1140 NW. 93RD TERRACE	D
1.4 CITY-ST-ZIP	PLANTATION, FL. 33322	
2.1 TITLE	FINANCIAL SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KENNETH PLEAT	
2.3 STREET ADDRESS	9596 NW. 8th CIRCLE	D
2.4 CITY-ST-ZIP	PLANTATION, FL. 33324	
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	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DIANE MICHAELS	
4.3 STREET ADDRESS	9800 WEATHERVANE MANOR	D
4.4 CITY-ST-ZIP	PLANTATION, FL. 33324	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	300001769873	
5.4 CITY-ST-ZIP	-04/04/96--01097--017	
6.1 TITLE	***61.25	<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 119.07(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone # _____

CR2E037 (12/95)

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