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Jan 30 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 # 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: 04/04/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	23-7449716	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

MICHAELS, DIANE
9800 WEATHERVANE MANOR
PLANTATION FL 33324

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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) (NOIL Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLMAN, ROBERT	1.2 NAME	
STREET ADDRESS	1140 NW 93RD TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	1.4 CITY-ST-ZIP	
TITLE	FSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLEAT, KENNETH	2.2 NAME	
STREET ADDRESS	9576 NW 8TH CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDY, RICK	3.2 NAME	
STREET ADDRESS	690 HUMMINGBIRD LANE E	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAELS, DIANE	4.2 NAME	
STREET ADDRESS	9800 WEATHERVANE MANOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____

CR2E037 (9/96)