

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90056 023 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 731644**

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 01/17/1975	4. FEI Number 23-7449716	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LUNDY, RICHARD 680 HUMMINGBIRD LANE PLANTATION FL 33324				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD COLMAN, ROBERT 1140 NW 93RD TERRACE PLANTATION FL 33322	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD PLEAT, KENNETH 9576 NW 8TH CIRCLE PLANTATION FL 33324	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD LUNDY, RICK 680 HUMMINGBIRD LANE E PLANTATION FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD MICHAELS, DIANE 9800 WEATHERVANE MANOR PLANTATION FL 33324	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*Handwritten notes in Block 13:*  
 292 NW 69TH AVE #167  
 PLANTATION FL 33317  
 PRESIDENT, DIRECTOR

14. I 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, with all other like empowered.

SIGNATURE: Katherine Harris DATE: 1/6/98 DAYTIME PHONE #: 954-472-1988

CRZE037 (11/98)