FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:42

DOCUMENT # 735534 (0)

1. Corporation Name
GOLDEN LAKES TEMPLE, INC.

Principal Place of Business	Mailing Address
1470 GOLDEN LAKES BLVD. WEST PALM BEACH FL 33411	1470 GOLDEN LAKES BLVD. WEST PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1976
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-1713631 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21 SAME	26 SAME
Suite, Apt. #, etc. 22 NONE	Suite, Apt. #, etc. 27 NONE
City & State 23 SAME	City & State 28 SAME
Zip / Country 24 SAME 25 SAME	Zip / Country 29 SAME 30 SAME

9. Name and Address of Current Registered Agent

SAPIR, ISIDORE
449 GOLDEN RIVER DRIVE
WEST PALM BCH FL 33411

10. Name and Address of New Registered Agent

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

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 _____ 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	D	1.1 TITLE	PRES PD ☒ Change ☐ Addition
NAME	SCHLISSEL, IRVING	1.2 NAME	JACK LANDSMAN
STREET ADDRESS	155 LAKE ANNE DRIVE	1.3 STREET ADDRESS	103 LAKE SUSAN DRIVE
CITY-ST-ZIP	WEST PALM BCH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33411
TITLE	PD	2.1 TITLE	V D ☒ Change ☐ Addition
NAME	WOLF, JOSEPH	2.2 NAME	WOLF, JOSEPH
STREET ADDRESS	122 LAKE PAULA DRIVE	2.3 STREET ADDRESS	122 LAKE PAULA DRIVE
CITY-ST-ZIP	WEST PALM BCH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33411
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	BIRNBAUM, HERMAN	3.2 NAME	Albert Langweiler
STREET ADDRESS	105 LAKE PAULA DRIVE	3.3 STREET ADDRESS	327 Golden River Dr.
CITY-ST-ZIP	WEST PALM BCH FL	3.4 CITY-ST-ZIP	West Palm Beach,FL.33411
TITLE	TD	4.1 TITLE	T D ☒ Change ☐ Addition
NAME	BARON, HELEN G.	4.2 NAME	SARAH MOLINSKY
STREET ADDRESS	119 LAKE NANCY DR.	4.3 STREET ADDRESS	314 LAKE EVELYN DRIVE
CITY-ST-ZIP	WEST PALM BCH FL	4.4 CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33411
TITLE	D	5.1 TITLE	FINANCIAL SECRETARY ☒ Change ☐ Addition
NAME	ROSS, JOSEPH	5.2 NAME	MILTON FELDMAN
STREET ADDRESS	124 LAKE PAULA DR	5.3 STREET ADDRESS	137 LAKE SUSAN DRIVE
CITY-ST-ZIP	WEST PALM BCH FL	5.4 CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33411
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	RADWIN, ARTHUR	6.2 NAME	
STREET ADDRESS	119 LAKE GLORIA DRIVE	6.3 STREET ADDRESS	SAME
CITY-ST-ZIP	WEST PALM BCH FL	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)(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: Sarah Molinsky TREASURER AND DIRECTOR JANUARY 18, 1995 1-407-683-2938
Isidore Sapir VICE PRES JANUARY 17, 1995 1-407-689-4449
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #
ISIDORE SAPIR SARAH MOLINSKY

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