

DEPARTMENT OF STATE

FEE IS \$61.25

FILED

Feb 16, 1999 8:00am
Secretary of State

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-16-1999 90059 042 *****61.25

DOCUMENT # C93000000011

1. Corporation Name
TEMPLE BETH EL

Principal Place of Business
579 NORTH NOVA ROAD
ORMOND BEACH FL 32174

Mailing Address
579 NORTH NOVA ROAD
ORMOND BEACH FL 32174



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/11/1950
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-6192854
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
	30	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOULD, RODD 51 SHADOW CREEK WAY ORMOND BEACH FL 32174	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 _____ 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	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, HARRIET	1.2 NAME	
STREET ADDRESS	200 RIVERBLUFF DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL 32174	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACKS, DAVID	2.2 NAME	
STREET ADDRESS	36 TWIN RIVER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, RODD	3.2 NAME	
STREET ADDRESS	51 SHADOW CREEK WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURMAN, MICHAEL	4.2 NAME	
STREET ADDRESS	21 TWIN RIVER DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, HOWARD	5.2 NAME	
STREET ADDRESS	20 FOXFORDS CHASE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL 32174	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORFINGER, MICHAEL	6.2 NAME	
STREET ADDRESS	124 ROYAL PALM AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	6.4 CITY-ST-ZIP	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 Date (904) 677-2484 Daytime Phone #

CR2E037 (1/98)