

FILE NOW: FILING FEE IS \$61.25

FILED  
May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **709339** (6)  
1. Corporation Name  
**TEMPLE BETH ISRAEL, INC.**



Principal Place of Business <b>7100 W OAKLAND PARK BLVD SUNRISE FL 33313</b>	Mailing Address <b>7100 W OAKLAND PARK BLVD SUNRISE FL 33313</b>
---	---

3. Date Incorporated or Qualified <b>07/20/1965</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-1113470</b>	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LIPNACK, MARTIN 7421 SW 20TH ST. PLANTATION FL 33317</b>	
--	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	<b>DRUJAK, ARTHUR</b>
STREET ADDRESS	<b>10123 N.W. 13 CT</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	<b>WOLFSON, AARON D</b>
STREET ADDRESS	<b>9920 N.W. 11 STREET</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>BERGMAN, AMI</b>
STREET ADDRESS	<b>9790 NW 17TH ST.</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DRUSS, LEWIS</b>
STREET ADDRESS	<b>9421 SEA TURTLE MANOR</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DEICH, CHARLES</b>
STREET ADDRESS	<b>7380 NW 54TH COURT</b>
CITY-ST-ZIP	<b>LAUDERHILL FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>KRONGOLD, SUSAN</b>
STREET ADDRESS	<b>9961 N.W. 58 CT.</b>
CITY-ST-ZIP	<b>PARKLAND FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>President</b>
1.3 STREET ADDRESS	<b>Aaron D. Wolfson</b>
1.4 CITY-ST-ZIP	<b>9920 NW 11 Street</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Vice-President</b>
2.3 STREET ADDRESS	<b>Jeffrey Simanewsky</b>
2.4 CITY-ST-ZIP	<b>1401 NW 100 Way</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Beth-Ann Krinsky</b>
6.3 STREET ADDRESS	<b>12341 NW 9 Street</b>
6.4 CITY-ST-ZIP	<b>Plantation, FL 33325</b>

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.

SIGNATURE \_\_\_\_\_ 4/22/98 954-4040

CR2E037 (10/97)