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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 708337 (1)**

1. Corporation Name  
**TEMPLE BETH TOV, AHAVAT SHALOM, INC.**

Principal Place of Business <b>6438 SW 8TH ST. WEST MIAMI FL 33144</b>	Mailing Address <b>6438 SW 8TH ST. WEST MIAMI FL 33144</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/12/1965</b>	3a. Date of Last Report <b>03/08/1994</b>
4. FEI Number <b>59-2228600</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$0.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KLEIN, GEORGE  
13953 SW 66 ST.  
MIAMI FL 33183**

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

**FL**

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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>KLEIN, GEORGE</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>13953 SW 66 ST.</b>	12 NAME	
STREET ADDRESS	<b>MIAMI FL 33183</b>	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE <b>VD</b>	<b>WISOTSKY, PAUL</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>8035 SW 107 AVE.</b>	22 NAME	
STREET ADDRESS	<b>MIAMI FL 33173</b>	23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE <b>VD</b>	<b>KAPLAN, SOL</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>8430 SW 27 TERR.</b>	32 NAME	
STREET ADDRESS	<b>MIAMI FL 33155</b>	33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE <b>VD</b>	<b>ROSNER, ALBERT A</b>	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3529 ESTEPONA AVE., COSTA DEL SOL</b>	42 NAME	<b>Harvey Sootin</b>
STREET ADDRESS	<b>MIAMI FL 33178</b>	43 STREET ADDRESS	<b>8901 S.W. 21 Terrace</b>
CITY - ST - ZIP		44 CITY - ST - ZIP	<b>Miami, Florida 33165</b>
TITLE <b>SD</b>	<b>ROSE, ROSE H</b>	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>9140 N. KENDALL DRIVE, #317A</b>	52 NAME	<b>Dorothy Kobritz</b>
STREET ADDRESS	<b>MIAMI FL</b>	53 STREET ADDRESS	<b>5802 Coral Way</b>
CITY - ST - ZIP		54 CITY - ST - ZIP	<b>Miami, Florida 33155</b>
TITLE <b>TD</b>	<b>FISH, SARA H</b>	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>6347 SW 15 ST.</b>	62 NAME	<b>Barbara Sloan</b>
STREET ADDRESS	<b>MIAMI FL 33144</b>	63 STREET ADDRESS	<b>8510 S.W. 20 St.</b>
CITY - ST - ZIP		64 CITY - ST - ZIP	<b>Miami, Florida 33155</b>

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)(b), 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: Paul Wisotaky Date: 4/24/95 Telephone: 305 279-2845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR