

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 708337 (1)
 1. Corporation Name
TEMPLE BETH TOV, AHAVAT SHALOM, INC.



600001903146
 -07/24/96--01050--017
 ***61.25

Principal Place of Business 6438 SW 8TH ST. WEST MIAMI FL 33144	Mailing Address 6438 SW 8TH ST. WEST MIAMI FL 33144
---	---

3. Date Incorporated or Qualified 01/12/1965	3a. Date of Last Report 04/28/1995
4. FEI Number 59-2228600	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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: WISOTSKY, PAUL
 82 Street Address (P.O. Box Number is Not Acceptable): 8035 SW 107th #310
 83 MIAMI, FL 33173
 84 City: MIAMI, FL 85 Zip Code: 33173**

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: *Paul Wisotsky* DATE: *6/25/96*

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input checked="" type="checkbox"/>
NAME	KLEIN, GEORGE	
STREET ADDRESS	13953 SW 66 ST.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	WISOTSKY, PAUL	
STREET ADDRESS	8035 SW 107 AVE.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	KAPLAN, SOL	
STREET ADDRESS	8430 SW 27 TERR.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	SOOTIN, HARVEY	
STREET ADDRESS	8901 S.W. 21 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/>
NAME	KORBRITZ, DOROTHY	
STREET ADDRESS	5802 CORAL WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/>
NAME	SLOAN, BARBARA	
STREET ADDRESS	8510 S.W. 20 ST.	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	PAUL WISOTSKY		
1.3 STREET ADDRESS	8035 S.W. 107th #310		
1.4 CITY-ST-ZIP	MIAMI, FL 33173		
2.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	SOOTIN HARVEY		
2.3 STREET ADDRESS	8901 SW 21 TERRACE		
2.4 CITY-ST-ZIP	MIAMI, FL		
3.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	KAPLAN, SOL		
3.3 STREET ADDRESS	8430 SW 27 TERR		
3.4 CITY-ST-ZIP	MIAMI, FL 33155		
4.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	KOCH, LEONARD		
4.3 STREET ADDRESS	6106 SW 10 TERRACE		
4.4 CITY-ST-ZIP	MIAMI, FL 33144		
5.1 TITLE	SD	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	KORBRITZ, DOROTHY		
5.3 STREET ADDRESS	5802 CORAL WAY		
5.4 CITY-ST-ZIP	MIAMI, FL		
6.1 TITLE	TD	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	SLOAN, BARBARA		
6.3 STREET ADDRESS	8510 SW 20 ST		
6.4 CITY-ST-ZIP	MIAMI, FL		

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)(k), 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 Wisotsky* DATE: *6/10/96* 305-279-2840
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (3/96)