1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 708337**

Corporation Name

TEMPLE BETH TOV, AHAVAT SHALOM, INC.

Principal Place of Busines
POST OFFICE BOX 440226 WEST MIAMI FL 33144
110

Mailing Address

POST OFFICE BOX 440226 WEST MIAMI FL 33144

**FILED** 

Secretary of State

02-24-1999 90199 043 \*\*\*\*61.25

3. Date Incorporated or Qualifed 2. Principal Place of Business 2a. Mailing Address 01/12/1965 26 4. FEI Number Applied For Suite, Apt. #, etc. Suite, Apt. #, etc. 59-2228600 Not Applicable 27 22 \$8.75 Additional City & State City & State 5. Certifcate of Status Desired Fee Required 28 23 Zip Country 6. Election Campaign Financing \$5.00 May Be Zip Country Added to Fees 29 30 Trust Fund Contribution 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent WISTOSKY, PAUL Street Address (P.O. Box Number is Not Acceptable) 8035 SW 107 AVE. 83 #310 **MIAMI FL 33173** 85 Zip Code 84 City

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 of the corporation o

agent. I a	m familiar with, and accept the obligation	ns of Section 617,0503, FI	orida Statutes.					
SIGNATURE	Sidnature, typed or printed name of registered agent an		E: Registered Agent signature	required when reinstating)		DATE		
12.	OFFICERS AND		13.	ADDITION	S/CHANGES TO	OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TITLE	Prosing	اسر سوسر	<u>'</u>	Change	☐ Addition
NAME	WISOTSKY, PAUL		1.2 NAME	Presion 8035 SU MIAMI	12000	ve	•	٠.
STREET ADDRESS	8035 SW 107TH AVE. #310		1.3 STREET ADDRESS	8032 20	1010	, , 72		
CITY-ST-ZIP	MIAMI FL 33173		1.4 CITY-ST-ZIP	MIAMI	F4 3.	3//3		
TITLE	VD	☐ DELETE	2.1 TITLE				Change	Addition
NAME	KLEIN, GEORGE		2.2 NAME		\$ ** · · ·		,	
STREET ADDRESS	13953 SW 66 ST.		2.3 STREET ADDRESS	}				
CITY-ST-ZIP	MIAMI FL 33183		2. 4 CITY-ST-ZIP					Addition
TITLE	VD	☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME	KOCH, LEONARD		3.2 NAME			•	•	
STREET ADDRESS	6406 SW 10 TERR.		3.3 STREET ADDRESS				1	
CITY-ST-ZIP	MIAMI FL 33144		3.4. CITY-ST-ZIP			·		<b>5 A</b> 4 194
TITLE	VD	☐ DELETE	4.1 TITLE				Change	Addition
NAME	FINE, LOUIS		4. 2 NAME				•	
STREET ADDRESS	6016 NW 13TH TERR		4.3 STREET ADDRESS					•
CITY-ST-ZIP	MIAMI FL 33244		4.4 CITY-ST-ZIP					T A Jaren
TITLE	SD	DELETE	5.1 TITLE				Change	Addition
NAME	KORBRITZ, DOROTHY		5.2 NAME			_		
STREET ADDRESS	5802 CORAL WAY		5.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP					T Addition
TITLE	TD	DELETE	6.1 TITLE	TD			Change	Addition
NAME	PINKERTON, ALFRED		6.2 NAME	PINK645	TECH, A	LAGO		
STREET ADDRESS	9106 SW 85TH TERR		6.3 STREET ADDRESS	9100 50	85 164	R		
OUTS OF THE	BHASH CI		6.4 CITY-ST-ZIP	ancerelle d	( c .		- · · · ·	

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 suppliemental 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 of 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 a state in minimum with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)