


FILE NOW: FILING FEE IS \$61.25

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90127 027 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 709339					
1. Corporation Name TEMPLE BETH ISRAEL, INC.					
Principal Place of Business 7100 W OAKLAND PARK BLVD SUNRISE FL 33313			Mailing Address 7100 W OAKLAND PARK BLVD SUNRISE FL 33313		



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		3. Date Incorporated or Qualified 07/20/1965	
4. FEI Number 59-1113470		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					

9. Name and Address of Current Registered Agent LIPNACK, MARTIN 7421 SW 20TH ST. PLANTATION FL 33317				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WOLFSON, AARON D		1.2 NAME				
STREET ADDRESS	9920 NW 11TH ST		1.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL 33322		1.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SINIAWSKY, JEFFREY		2.2 NAME				
STREET ADDRESS	1401 NW 100 WAY		2.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL 33322		2.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BERGMAN, AMI		3.2 NAME				
STREET ADDRESS	9790 NW 17TH ST.		3.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DRUSS, LEWIS		4.2 NAME				
STREET ADDRESS	9421 SEA TURTLE MANOR		4.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DEICH, CHARLES		5.2 NAME				
STREET ADDRESS	7380 NW 54TH COURT		5.3 STREET ADDRESS				
CITY-ST-ZIP	LAUDERHILL FL		5.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KRIMSKY, BETH-ANN		6.2 NAME				
STREET ADDRESS	12341 NW 9 ST		6.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL 33325		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 REQUIRED 
Date: 4/29/99 Daytime Phone #: (813) 742-4040

CR2E037 (11/98)