

FILE NOW: FILING FEE AFTER MAY 1 IS \$100

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. J. ...
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # **728527** (3)
1. Corporation Name
TEMPLE B'NAI ZION, INC.

1995 MAR 17 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
200-178TH ST. MIAMI BEACH FL 33160
200-178TH ST. MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/31/1973** 3a. Date of Last Report **03/30/1994**
4. FEI Number **59-1522574** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

STEPPEL, MILTON
301 174TH ST 1402
MIAMI BCH FL 33160

10. Name and Address of New Registered Agent

81 Name **IRVING TURETSKY**
82 Street Address (P.O. Box Number is Not Acceptable) **290-174 ST 2309**
83
84 City **MIAMI BEACH** FL 85 Zip Code **33160**

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

(Signature typed or printed in full of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	STEPPEL, MILTON
STREET ADDRESS	301 174TH ST
CITY-ST-ZIP	MIAMI BCH FL
TITLE	TD
NAME	POROSOFF, SOLOMON
STREET ADDRESS	301 174TH ST
CITY-ST-ZIP	MIAMI BCH FL
TITLE	PD
NAME	KWARTNER, JACK
STREET ADDRESS	2841 N.E. 163RD ST.
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRESIDENT
1.3 STREET ADDRESS	IRVING TURETSKY
1.4 CITY-ST-ZIP	290 174th St MIAMI BEACH, FL 33160
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TREASURER
2.3 STREET ADDRESS	PEARL OSTBAUM
2.4 CITY-ST-ZIP	1720 N. BAY RD MIAMI BEACH, FL 33160
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VICE PRES.
3.3 STREET ADDRESS	SAM GASSON
3.4 CITY-ST-ZIP	17800 ATLANTIC BLVD MIAMI BEACH, FL 33160
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	10000143556 1
4.3 STREET ADDRESS	-03/21/95--01136--009
4.4 CITY-ST-ZIP	*****68.75 *****68.75
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	10000143556 1
5.3 STREET ADDRESS	-03/21/95--01136--010
5.4 CITY-ST-ZIP	*****1.25 *****1.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	207
6.3 STREET ADDRESS	3-17
6.4 CITY-ST-ZIP	

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 110.07(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 1) if changed, or on an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

DATE

EXPIRES

1-23-95