

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 731799 (3)  
1. Corporation Name  
TEMPLE BETH ISRAEL AT CENTURY VILLAGE EAST, INC.



Principal Place of Business Mailing Address  
200 CENTURY BLVD. 200 CENTURY BLVD  
DEERFIELD BCH FL 33442 DEERFIELD BEACH FL 33442  
US US

3. Date Incorporated or Qualified 02/05/1975 3a. Date of Last Report 02/20/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	23-7449719	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	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

10. Name and Address of New Registered Agent

BECKMAN, SYLVIA  
BERKSHIRE C2050  
DEERFIELD BEACH FL 33442

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Sylvia E. Beckman*  
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	PD <i>Quitman</i> NAME QUARTMAN, PAUL STREET ADDRESS 125 MARKHAM F CITY-ST-ZIP DEERFIELD BCH, FL 00000	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	#1VP <i>Stepner</i> NAME STEPHENS, JAMES STREET ADDRESS 127 RICHMOND C CITY-ST-ZIP DEERFIELD BCH, FL 00000	1.2 NAME	
TITLE	#2VP NAME <del>FELDMAN, PHILIP</del> STREET ADDRESS 3020 CAMBRIDGE A CITY-ST-ZIP DEERFIELD BCH, FL 00000	1.3 STREET ADDRESS	
TITLE	#3VP NAME KALISH, HENRIETTA STREET ADDRESS 127 GRANTHAM B CITY-ST-ZIP DEERFIELD BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DT NAME FELDMAN, PHILIP STREET ADDRESS 417 DURHAM N CITY-ST-ZIP DEERFIELD BCH, FL 00000	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DA NAME BECKMAN, SYLVIA STREET ADDRESS 2050 BERKSHIRE C CITY-ST-ZIP DEERFIELD BCH, FL 00000	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		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 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 Quitman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
PAUL QUITMAN, PRESIDENT

Date: Jan 17, 1996 Daytime Phone: 305-421-7060

CR2E037 (12/95)