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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 744248 (6)
1. Corporation Name
TEMPLE BETH SHOLOM, INC.



Principal Place of Business: 4144 CHASE AVE. MIAMI BEACH FL 33140
Mailing Address: 4144 CHASE AVE. MIAMI BEACH FL 33140-3431

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/13/1978	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-0714828	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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	
RICE, DENNIS J. 4144 CHASE AVENUE MIAMI BEACH, FL. FL 33140		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 85. Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRIBIN, MICHAEL	1.2 NAME	Charles A. Citrin
STREET ADDRESS	4601 POST AVENUE	1.3 STREET ADDRESS	3724 Pinetree Drive
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, JOCELYN	2.2 NAME	
STREET ADDRESS	3400 CHASE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMDUR, NEAL O.	3.2 NAME	MORTON Steele
STREET ADDRESS	3511 BAYSHORE VILLAS DR	3.3 STREET ADDRESS	9 Island Avenue #1214
CITY-ST-ZIP	COCONUT GROVE FL	3.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINIK, HAROLD B	4.2 NAME	DR. Allan Land
STREET ADDRESS	4545 ADAMS AVE	4.3 STREET ADDRESS	441 West 62 Street
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Past President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOPKE, JAMES S	5.2 NAME	James S. Knopke
STREET ADDRESS	665 SOUTH SHORE DR.	5.3 STREET ADDRESS	Same
CITY-ST-ZIP	MIAMI BEACH, FL.	5.4 CITY-ST-ZIP	
TITLE	DCB <input type="checkbox"/> DELETE	6.1 TITLE	Past President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONBERG, MARVIN	6.2 NAME	Marvin Stonberg
STREET ADDRESS	758 LAKEVIEW DR	6.3 STREET ADDRESS	Same
CITY-ST-ZIP	MIAMI BEACH FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Charles A. Citrin REQUIRED 02/26/97 (305) 538-7231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0029575

CR2E037 (9/96)