


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**FILED**

**Sep 23 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 748644 (2)**

1. Corporation Name  
**TEMPLE BETH AM OF MARGATE INC.**

Principal Place of Business <b>7205 ROYAL PALM BLVD MARGATE FL 33063</b>	Mailing Address <b>7205 ROYAL PALM BLVD MARGATE FL 33063</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>09/16/1959</b>	3a. Date of Last Report <b>02/07/1996</b>
4. FEI Number <b>59-0169999</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ZIMMERMAN, E. ROSS  
7797 N UNIVERSITY DR  
TAMARAO FL 33321**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 E. Ross Zimmerman **9/3/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	KAPLAN, LEN	DELETED
STREET ADDRESS			616 NW 142TH WAY	
CITY-ST-ZIP			CORAL SPRINGS FL	
TITLE	VD	NAME	SZMULEWITZ, ARMENT	DELETED
STREET ADDRESS			5452 NW 86TH TERRACE	
CITY-ST-ZIP			CORAL SPRINGS FL	
TITLE	DS	NAME	AVNER, BARRY DR	DELETED
STREET ADDRESS			8499 NW 14TH COURT	
CITY-ST-ZIP			CORAL SPRINGS FL	
TITLE	VD	NAME	RUBIN, SEYMOUR	DELETED
STREET ADDRESS			4133 S CAMBOLA CIRCLE #304	
CITY-ST-ZIP			COCONUT CREEK FL	
TITLE	V	NAME	GROSSMAN, GARY	DELETED
STREET ADDRESS			8762 NW 19 ST	
CITY-ST-ZIP			CORAL SPRINGS FL	
TITLE	TD	NAME	LYON, JAMES T ESQ	DELETED
STREET ADDRESS			5457 NW 88TH WAY	
CITY-ST-ZIP			CORAL SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	Change	Addition
1.2 NAME	Armend Szmulewitz		
1.3 STREET ADDRESS	5425 NW 86th Terrace		
1.4 CITY-ST-ZIP	Coral Srpings, FL 33067		
2.1 TITLE	Exec. Vice President	Change	Addition
2.2 NAME	Gary L. Grossman		
2.3 STREET ADDRESS	8762 NW 19th St.		
2.4 CITY-ST-ZIP	Coral Springs, FL 33071	Change	Addition
3.1 TITLE	Vice President	Change	Addition
3.2 NAME	Eileen Adelman		
3.3 STREET ADDRESS	4771 NW 88th Terrace		
3.4 CITY-ST-ZIP	Coral Springs, FL 33067	Change	Addition
4.1 TITLE	Vice President	Change	Addition
4.2 NAME	Ishar Anapol		
4.3 STREET ADDRESS	6800 Royal Palm Blvd.		
4.4 CITY-ST-ZIP	Margate, FL 33063	Change	Addition
5.1 TITLE	Vice President	Change	Addition
5.2 NAME	Ned Oistacher		
5.3 STREET ADDRESS	2091 NW 87th Terrace		
5.4 CITY-ST-ZIP	Coral Springs, FL 33071	Change	Addition
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP	SAME		

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 [Signature] SIGNATURE REQUIRED [Signature] **561 495 2185**

CR2E037 (4/97)