FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT #

(2)

TEMPLE BETH AM OF MARGATE INC.

FILED Feb 24 1998 8:00am Secretary of State

Principal Place of Business Mailing Address								
7205 ROYAL I MARGATE FL		7205 ROYAL PALM BLVD MARGATE FL 33063				3. Date Incorporated or Qualified 09/16/1959 4. FEI Number Applied For		
						4. FEI Number Applied For Not Applied For		
2. Principal Place of Business 21		2a. Mailing Address 26				5. Certificate of Status Desired S8.75 Additional Fee Required		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution Added to Fees		
City & Sta	ate	City & State				7. Is this nonprofit corporation a homeowners association? Yes No		
Zip	Country 25	Zip 29	Counti	γ		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
44	9. Name and Address of Curre		1301			10. Name and Address of New Registered Agent		
a. (tallo allo Acolesso di cultotti logistato Agent				1	Name			
ZIMMERMAN, E. ROSS			8:	2	Street A	et Address (P.O. Box Number is Not Acceptable)		
7797 N UNIVERSITY DR TAMARAC FL 33321			8:	3				
			84	4	City	85 Zip Code		
L						FL S S S S S S S S S		
SIGNATURE	Signature, typed or printed name of registered ag	geni and title if applicable (NOT)	E: Registered A			corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TEVP	☐ DELETE	1.1 TITLE			Change Addition		
NAME	GROSSMAN, GARY L		1.2 NAME					
STREET ADDRESS			1.3 STREE	1.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL	DELETE	1.4 CITY -		ZIP	Change Addition		
TITLE	TP CTAIN CHATTE ADMINISTRA	 	2.1 TITLE		ŀ	SZNYLEWITZ, ARMEND		
NAME STREET ADDRESS	SZMULEWITZ, ARMENTO 5 5452 NW 86TH TERRACE		2.2 NAME 2.3 STREE			JEMULE WITZ, ARMEND		
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY		1			
TITLE	VP	DELETE	3.1 TITLE	_	- ZIF	☐ Change ☐ Addition		
NAME	ADELMAN, EILEEN		3.2 NAME					
STREET ADDRESS	The same of the same and the sa		3.3 STREE	ET AI	DDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL		3.4. CITY	<u>- ST</u> -	-ZIP			
TITLE	TVP	☐ DELETE	4.1 TITLE	TITLE		☐ Change ☐ Addition		
NAME	ISHAR ANAPOL		4.2 NAM	4. 2 NAME				
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			4.3 STREET ADDRESS				
CITY-ST-ZIP	MARGATE FL	□ Nei Ere	4.4 CITY-		ZIP	The Comment		
TITLE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	☐ DELETE	5.1 TITLE			Change Addition		
NAME	GROSSMAN, GARY		5.2 NAME		. 1			
STREET ADDRESS			5.3 STREI					
CITY-ST-ZIP	i Coral Springs Fl		5.4 CITY-	·ST-	·ZIP			

CITY-ST-ZIP 14. Thereby 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 trestee 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 attaching or with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

LYON, JAMES T ESQ

5457 NW 88TH WAY

CORAL SPRINGS FL

TITLE

NAME

STREET ADDRESS

DELETÉ

Addition