

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **750602** (5)
 1. Corporation Name
TEMPLE BETH OR, INC.



Principal Place of Business
 11715 S.W. 87TH AVE.
 P.O. BOX 160081
 MIAMI FL 33116-0081

Mailing Address
 11715 S.W. 87TH AVE.
 P.O. BOX 160081
 MIAMI FL 33116-0081

3. Date Incorporated or Qualified **01/14/1980** 3a. Date of Last Report **02/21/1995**

4. FEI Number **59-2075317** 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**

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 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

SCHWARTZ, DOUGLAS
9371 S.W. 53 STREET
MIAMI FL 33146

8717 SW 79 Place
33143-7040

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **700001896577**
-07/17/96--01047--004

84 City *****61.25** 85 Zip Code **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	FSD	1.1 TITLE	<i>Change</i> <input checked="" type="checkbox"/> Addition
NAME	LOVELADY, LINDA	1.2 NAME	<i>WOLFE, RICHARD</i>
STREET ADDRESS	7600 SW 141 ST	1.3 STREET ADDRESS	<i>PO BOX 560382 N/A</i>
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	<i>MIAMI, FL 33156</i>
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, DOUGLAS	2.2 NAME	<i>Schwartz Douglas</i>
STREET ADDRESS	9371 SW 53RD ST	2.3 STREET ADDRESS	<i>8717 SW 79 place</i>
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	<i>Miami 33143-7040</i>
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYERS, LINDA	3.2 NAME	<i>SD STEINBERG, LINDA</i>
STREET ADDRESS	14205 SW 103 COURT	3.3 STREET ADDRESS	<i>14485 S.W. 57 TERR.</i>
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	<i>MIAMI, FL 33183</i>
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOULD, SHEILA	4.2 NAME	<i>VD PASSMAN, RICHARD</i>
STREET ADDRESS	7743 S.W. 102 PLACE	4.3 STREET ADDRESS	<i>8285 SW 139 Terrace</i>
CITY-ST-ZIP	MIAMI FL 33173	4.4 CITY-ST-ZIP	<i>MIAMI, FL 33158</i>
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, IRENE	5.2 NAME	<i>TD ELLIOTT IRENE</i>
STREET ADDRESS	19756 BEL AIRE DR.	5.3 STREET ADDRESS	<i>19756 Bel Aire Drive</i>
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	<i>Miami FL 33157</i>
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVINE, HARRIET	6.2 NAME	<i>PD Bernard Strauss</i>
STREET ADDRESS	9450 SW 112 ST.	6.3 STREET ADDRESS	<i>10424 SW 129 Terrace</i>
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	<i>Miami FL 33176</i>

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: *[Signature]* Date: **6/13/96** Daytime Phone #: **305-374-6545**

CR2E037 (3/96)