

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 21 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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3. Date Incorporated or Qualified <b>01/14/1980</b>	3a. Date of Last Report <b>07/17/1996</b>
4. FEI Number <b>59-2075317</b>	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  <b>SCHWARTZ, DOUGLAS 8717 SW 79 PLACE MIAMI FL 33143-7040</b>	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 <b>FL</b>
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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 \_\_\_\_\_  
 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	FSD <input type="checkbox"/> DELETE
NAME	WOLFE, RICHARD
STREET ADDRESS	P.O. BOX 560382 N/A
CITY-ST-ZIP	MIAMI FL 33256
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHWARTZ, DOUGLAS
STREET ADDRESS	8717 SW 79 PLACE
CITY-ST-ZIP	MIAMI FL 33143-7040
TITLE	SD <input type="checkbox"/> DELETE
NAME	STEINBERG, LINDA
STREET ADDRESS	14485 S.W. 57 TERR.
CITY-ST-ZIP	MIAMI FL 33158
TITLE	VD <input type="checkbox"/> DELETE
NAME	PASSMAN, RICHARD
STREET ADDRESS	8285 SW 139 TERRACE
CITY-ST-ZIP	MIAMI FL 33158
TITLE	TD <input type="checkbox"/> DELETE
NAME	ELLIOTT, IRENE
STREET ADDRESS	19756 BEL AIRE DR.
CITY-ST-ZIP	MIAMI FL 33157
TITLE	D <input type="checkbox"/> DELETE
NAME	STRAUSS, BERNARD
STREET ADDRESS	10424 SW 129 TERRACE
CITY-ST-ZIP	MIAMI FL 33176

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input 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 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 in an attachment with an address.

SIGNATURE: *Irene Elliott* IRENE ELLIOTT - Treasurer 1-12-97 (305) 235-1419  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028178

CR2E037 (9/96)