

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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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2. Principal Place of Business 21	2a. Mailing Address 26 11715 SW 87 Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Miami FL
Zip 24	Country 25
Zip 29 33176	Country 30 Miami-Dade

3. Date Incorporated or Qualified 01/14/1980		
4. FEI Number 59-2075317	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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

SCHWARTZ, DOUGLAS
8717 SW 79 PLACE
MIAMI FL 33143-7040

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

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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: *Irene Elliott Treasurer* **1-2-98**
Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	FSD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	FSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLFE, RICHARD	1.2 NAME	LINDA LOVELADY
STREET ADDRESS	P.O. BOX 560382 N/A	1.3 STREET ADDRESS	7600 SW 141 Street
CITY-ST-ZIP	MIAMI FL 33256	1.4 CITY-ST-ZIP	Miami FL 33158
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, DOUGLAS	2.2 NAME	
STREET ADDRESS	8717 SW 79 PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143-7040	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINBERG, LINDA	3.2 NAME	
STREET ADDRESS	14485 S.W. 57 TERR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33158	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASSMAN, RICHARD	4.2 NAME	
STREET ADDRESS	8285 SW 139 TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33158	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, IRENE	5.2 NAME	
STREET ADDRESS	19756 BEL AIRE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAUSS, BERNARD	6.2 NAME	
STREET ADDRESS	10424 SW 129 TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	6.4 CITY-ST-ZIP	

14. I 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: *Irene Elliott Treasurer* **1-2-98** **305 374-6545**
Date Daytime Phone #

CR2E037 (10/97)