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Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90064 020 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 750602

1. Corporation Name  
TEMPLE BETH OR, INC.

102162 90064 20 2 \*

Principal Place of Business

11715 SW 87TH AVE.  
P.O. BOX 180081  
MIAMI FL 33116-0081

Mailing Address

11715 SW 87TH AVE  
MIAMI FL 33176  
US



2. Principal Place of Business

21 11715 SW 87 Ave

Suite, Apt. #, etc.

23 Miami FL

24 33176

25 Miami-Dade

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
01/14/1980

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

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 IRENE ELLIOTT

82 Street Address (P.O. Box Number is Not Acceptable)  
19756 Bel Aire Drive

83 Miami

84 City MIAMI

FL

85 Zip Code 33157

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 Irene Elliott

IRENE ELLIOTT

1-7-99

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  
NAME LOVELABY, LINDA  
STREET ADDRESS 7600 SW 141 ST  
CITY-ST-ZIP MIAMI FL 33158  
 DELETE

TITLE D  
NAME SCHWARTZ, DOUGLAS  
STREET ADDRESS 8717 SW 79 PLACE  
CITY-ST-ZIP MIAMI FL 33143-7040  
 DELETE

TITLE SD  
NAME STEINBERG, LINDA  
STREET ADDRESS 14485 S.W. 57 TERR.  
CITY-ST-ZIP MIAMI FL 33158  
 DELETE

TITLE VD  
NAME PASSMAN, RICHARD  
STREET ADDRESS 8285 SW 139 TERRACE  
CITY-ST-ZIP MIAMI FL 33158  
 DELETE

TITLE TD  
NAME ELLIOTT, IRENE  
STREET ADDRESS 19756 BEL AIRE DR.  
CITY-ST-ZIP MIAMI FL 33157  
 DELETE

TITLE D  
NAME STRAUSS, BERNARD  
STREET ADDRESS 10424 SW 129 TERRACE  
CITY-ST-ZIP MIAMI FL 33176  
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Goodman, Lawrence  
1.2 NAME  
1.3 STREET ADDRESS 13720 SW 74 Avenue  
1.4 CITY-ST-ZIP Miami, FL 33158  
 Change  Addition  
President

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
 Change  Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
 Change  Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
 Change  Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
 Change  Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
 Change  Addition

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

IRENE ELLIOTT 1-7-99 305 235-1419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)