## **FILE NOW: FILING FEE IS \$61.25** NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DESARTMEN OF STATE

ຣື່: adra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1997

Sulte, Apt. #, etc.

City & State

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Zip

N00757

(7)

**DOCUMENT #** TEMPLE BETH AM ENDOWMENT FUND, INC. Principal Place of Business Mailing Address 5950 N. KENDALL DRIVE 5950 N. KENDALL DRIVE MIAMI FL 33156-6099 MIAMI FL 33156-2068 3a. Date of Last Report 3. Date Incorporated or Qualified 01/06/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2364719 21 26

Suite, Apt. #, etc.

City & State

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**BRUCE JAY COLAN** 100 S.E. 2ND STREET

Country

9. Name and Address of Current Registered Agent

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Yes No

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

FII FD

Jun 10 1997 8:00am

Secretary of State

04/02/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

83 MIAM! FL 33131 City MIAN 84 Zip Code 11. Pursuant to the provisions of Sections 61/10502 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 he obligations of, Section 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of re ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PIRECTORS 12. 13. DELETE 11 TITLE Change Addition TITLE Hel NAME STEEN, SAMUEL 1.2 NAME STREET ADDRESS 140 S. PROSPECT DR. 1.3 STREET ADDRESS CITY-ST-ZIP **CORAL GABLES FL** 1.4 CITY - ST - ZIP Change DELETE Addition TITLE 2.1 TITLE NAME **COLAN, BRUCE JAY** 2.2 NAME 100 S.E. 2ND STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 City - ST-ZIP Change DELETE Addition TITLE 3.1 TITLE BITTEL, JORDAN NAME 3.2 NAME Micendial Dr. STREET ADDRESS 11501 SW 72ND COURT 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 3.4. CITY - ST - ZIP Change DELETE Addition TITLE 4.1 TITLE NAME RAPPAPORT, MEL DR. 4. 2 NAME STREET ADDRESS 5950 N. KENDALL DR. 4.3 STREET ADDRESS CITY-ST-ZIP <u>MIAMI FL</u> 4.4 CITY-ST-7IP DELETE 5.1 TITLE Addilio TITLE MOSER, PETER NAME 5.2 NAME 8230 SW 148TH DR STREET ADDRESS 5.3 STREET ADDRESS MIAM! FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME SEGAL, JOSHUA 6.2 NAME STREET ADDRESS 1201 NANOTI AVE. 6.3 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 6.4 CITY-ST-ZIP

Country

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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 logal effect as if made under or I am an officer or director of the corporation or the receiver of 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 ghanged or on an attackment with an address.

DEL

600) 110 1111