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FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N00757 (7)

1. Corporation Name

TEMPLE BETH AM ENDOWMENT FUND, INC.



Principal Place of Business

Mailing Address

5950 N. KENDALL DRIVE
MIAMI FL 33156-6099

5950 N. KENDALL DRIVE
MIAMI FL 33156-6099

3. Date Incorporated or Qualified

01/06/1984

4. FEI Number

59-2364719

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMBERG, JOHN
2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SUMBERG, JOHN
STREET ADDRESS 5950 N. KENDALL DRIVE
CITY-ST-ZIP MIAMI FL 33156-6099

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME MIOR, SANDY
STREET ADDRESS 5950 N. KENDALL DRIVE
CITY-ST-ZIP MIAMI FL 33156-6099

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

TITLE D
NAME KISLAK, JON
STREET ADDRESS 5950 N. KENDALL DRIVE
CITY-ST-ZIP MIAMI FL 33156-6099

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

TITLE P
NAME RAPPAPORT, MEL DR.
STREET ADDRESS 5950 N. KENDALL DR.
CITY-ST-ZIP MIAMI FL

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

TITLE D
NAME OREN, MARK
STREET ADDRESS 5950 N. KENDALL DRIVE
CITY-ST-ZIP MIAMI FL 33156-6099

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

TITLE D
NAME MESSING, STEVEN
STREET ADDRESS 5950 N. KENDALL DRIVE
CITY-ST-ZIP MIAMI FL 33156-6099

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

John Sumberg

CR2E037 (10/97)