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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N00757

1. Corporation Name
TEMPLE BETH AM ENDOWMENT FUND, INC.

491616 - 90117 - 29

Principal Place of Business	Mailing Address
5950 N. KENDALL DRIVE MIAMI FL 33156-6099	5950 N. KENDALL DRIVE MIAMI FL 33156-6099

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualifed: 01/06/1984
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 59-2364719 ☐ Applied For ☐ Not Applicable
City & State (23)	City & State (28)	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip (24) Country (25)	Zip (29) Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SUMBERG, JOHN
2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Ronald Fieldstone
82 Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd.
83: Suite 2100
84 City: Miami **FL** 85 Zip Code: 33131

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 _____ 4/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	C	☐ Change ☒ Addition
NAME	SUMBERG, JOHN		1.2 NAME	James Nolan	
STREET ADDRESS	5950 N. KENDALL DRIVE		1.3 STREET ADDRESS	5950 N. Kendall Dr.	
CITY-ST-ZIP	MIAMI FL 33156-6099		1.4 CITY-ST-ZIP	Miami, Fl 33156	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	MIOR, SANDY		2.2 NAME	Howard Gross	
STREET ADDRESS	5950 N. KENDALL DRIVE		2.3 STREET ADDRESS	5950 N. Kendall Dr.	
CITY-ST-ZIP	MIAMI FL 33156-6099		2.4 CITY-ST-ZIP	Miami, Fl 33156	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	KISLAK, JON		3.2 NAME	Jay Rossin	
STREET ADDRESS	5950 N. KENDALL DRIVE		3.3 STREET ADDRESS	5950 N. Kendall Dr.	
CITY-ST-ZIP	MIAMI FL 33156-6099		3.4 CITY-ST-ZIP	Miami, Fl 33156	
TITLE	P	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	RAPPAPORT, MEL DR.		4.2 NAME	Richard Yulman	
STREET ADDRESS	5950 N. KENDALL DR.		4.3 STREET ADDRESS	5950 N. Kendall Dr.	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, Fl 33156	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	OREN, MARK		5.2 NAME	Stephen Frank	
STREET ADDRESS	5950 N. KENDALL DRIVE		5.3 STREET ADDRESS	5950 N. Kendall Dr.	
CITY-ST-ZIP	MIAMI FL 33156-6099		5.4 CITY-ST-ZIP	Miami, Fl 33156	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	MESSING, STEVEN		6.2 NAME	Ken Karl	
STREET ADDRESS	5950 N. KENDALL DRIVE		6.3 STREET ADDRESS	5950 N. Kendall Dr.	
CITY-ST-ZIP	MIAMI FL 33156-6099		6.4 CITY-ST-ZIP	Miami, Fl 33156	

CR2E037 (11/98)

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 _____ 4/27/99 305 858 5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #