

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N09674** (5)

1. Corporation Name

**MT. SINAI N.M.B. TEMPLE, INC.**



Principal Place of Business

Mailing Address

**C/O HERMAN LIPPERT  
3030 MARCOS DR. T-611  
N. MIAMI BEACH FL 33160**

**C/O HERMAN LIPPERT  
3030 MARCOS DR. T-611  
N. MIAMI BEACH FL 33160**

3. Date Incorporated or Qualified  
**06/11/1985**

3a. Date of Last Report  
**03/16/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
**65-0041568**

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIPPERT, HYMAN  
3030 MARCOS DR. T-611  
NORTH MIAMI BEACH FL 33160**

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KAPLAN, E.M.	
STREET ADDRESS	151 SW 52 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAY, RANDOLPH C	
STREET ADDRESS	19840 NE MIAMI CT	
CITY-ST-ZIP	N.MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIPPERT, HERMAN	
STREET ADDRESS	3030 MARCOS DR. T-611	
CITY-ST-ZIP	N.MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LABOTT, HENRY	
STREET ADDRESS	5306 N.W. 49 TERR.	
CITY-ST-ZIP	FT. LAUDERDALE, L.	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KRUFMAN, ALEX	
STREET ADDRESS	8100 S.W. 24TH ST.	
CITY-ST-ZIP	NORTH LAUDERDALE, FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CIMENT, ROBERT	
STREET ADDRESS	2910 POINTEAST DR.	
CITY-ST-ZIP	MIAMI, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Herman Lippert*  
6/16/96

931-1336  
931-1229  
Daytime Phone #