


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N09674 (5)</b> 1. Corporation Name <b>MT. SINAI N.M.B. TEMPLE, INC.</b>					
Principal Place of Business <b>131 NW 29 ST. 3030 MARCOS DR. T-611 MIAMI FL 33127 US</b>		Mailing Address <b>HERMAN LIPPERT 3030 MARCOS DR. ADVENTURE FL 33160 US</b>			
2. Principal Place of Business <b>21 131 NW 29 St</b> Suite, Apt. #, etc. <b>22 Miami Fl.</b> City & State <b>23 33131</b> Zip <b>24 Dade</b>		2a. Mailing Address <b>26 Herman Lippert</b> Suite, Apt. #, etc. <b>27 3030 Marcos Dr T611</b> City & State <b>28 Adventure Fl.</b> Zip <b>29 33160</b> Country <b>30 Dade</b>		3. Date Incorporated or Qualified <b>06/11/1985</b> 4. FEI Number <b>65-0041568</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>LIPPERT, HYMAN 3030 MARCOS DR. T-611 NORTH MIAMI BEACH FL 33160</b>		10. Name and Address of New Registered Agent <b>81 Name none</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City FL</b> <b>85 Zip Code</b>			
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 NAME STREET ADDRESS CITY - ST - ZIP	VD MAY, RANDOLPH C 19840 NE MIAMI CT N.MIAMI BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIPPERT, HERMAN 3030 MARCOS DR. T-611 N.MIAMI BEACH FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LABOTT, HENRY 5306 N.W. 49 TERR. FT. LAUDERDALE, L.	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KRUFMAN, ALEX 8100 S.W. 24TH ST. NORTH LAUDERDALE, FL	<input type="checkbox"/> DELETE <i>Deceased</i>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CIMENT, ROBERT 2910 POINTEAST DR. MIAMI, FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Herman Lippert* **HERMAN LIPPERT 1/23/98 305-931-1336** **931-1229**

CR2E037 (10/97)