

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N10615 (5)

1. Corporation Name

TEMPLE NER TAMID

Principal Place of Business

7902 CARLYLE AVENUE
MIAMI BEACH FL 33141

Mailing Address

7902 CARLYLE AVENUE
MIAMI BEACH FL 33141



3. Date Incorporated or Qualified

08/08/1985

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

59-0816467

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

10. Name and Address of New Registered Agent

SUPERSTEIN, NORMAN
1177 KANE CONCOURSE
BAY HARBOR ISLAND FL 33154

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 D ☐ DELETE

NAME ZANE, ELAINE
STREET ADDRESS 107 HEATHEBROOK WAY
CITY-ST-ZIP HOLLYWOOD FL

TITLE P ☐ DELETE

NAME COHN, PETER
STREET ADDRESS 9225 COLLINS AVE, APT 704
CITY-ST-ZIP SURFSIDE FL

TITLE S ☐ DELETE

NAME FRIEDMAN, PAMELA
STREET ADDRESS 1710 DAYTONIA RD.
CITY-ST-ZIP MIAMI BCH. FL

TITLE D ☐ DELETE

NAME NOVAK, PAUL
STREET ADDRESS 1890 S OCEAN DR. #1003
CITY-ST-ZIP HALLANDALE FL

TITLE D ☐ DELETE

NAME NATHANSON, MORRY
STREET ADDRESS 7626 HARDING AVE.
CITY-ST-ZIP MIAMI BCH. FL

TITLE TD ☐ DELETE

NAME SUPERSTEIN, NORMAN
STREET ADDRESS 9000 GARLAND AVE.
CITY-ST-ZIP SURFSIDE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

Elaine Zane ELAINE ZANE 3/3/96 (305) 866-8345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)