

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 # **N17466 (6)**
1. Corporation Name
TEMPLE ADATH OR, INC.



Principal Place of Business: **11450 S.W. 16 STREET FT. LAUDERDALE FL 33325**
Mailing Address: **11450 S.W. 16 STREET FT. LAUDERDALE FL 33325**

3. Date Incorporated or Qualified: **10/23/1986**
3a. Date of Last Report: **04/14/1995**

2. Principal Place of Business (21) 2a. Mailing Address (26)

4. FEI Number: **59-2740747**
Applied For: Not Applicable:

Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State (23) City & State (28)

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip (24) Country (25) Zip (29) Country (30)

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

**ROSS, FLORENCE
4401 QUEEN PALM LANE
TAMARAC FL 33319**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHESS, HOWARD	
STREET ADDRESS	1871 NW 108 AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAHN, DEE	
STREET ADDRESS	5651 BAYVIEW DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ROSS, FLORENCE	
STREET ADDRESS	4401 QUEEN PALM LANE	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHESS, HOWARD	
1.3 STREET ADDRESS	1871 NW 108 AVE	
1.4 CITY-ST-ZIP	PLANTATION FL 33322	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FULLER, DOROTHY	
2.3 STREET ADDRESS	5651 BAYVIEW DR.	
2.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROSS, FLORENCE	
3.3 STREET ADDRESS	4401 QUEEN PALM LANE	
3.4 CITY-ST-ZIP	TAMARAC, FL 33319	
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Phillip LABOWITZ	
4.3 STREET ADDRESS	11450 SW 16 STREET	
4.4 CITY-ST-ZIP	DAVIE, FL 33325	
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: Howard Chess **HOWARD CHESS** **Treasurer** **4/16/96** **954-476-7466**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)