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Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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  
4. FEI Number: 59-2740747  
Applied For: Not Applicable

2. Principal Place of Business: 21 10400 Griffin Road, Suite, Apt. #, etc. #302, Ft Lauderdale, FL 33328, USA  
2a. Mailing Address: 26 10400 Griffin Road, Suite, Apt. #, etc. #302, Ft Lauderdale, FL 33328, USA

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? Yes No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent  
ROSS, FLORENCE  
4401 QUEEN PALM LANE  
TAMARAC FL 33319

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 family member, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE: Florence Ross, Pres. 4/8/98  
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	TD	<input type="checkbox"/> DELETE
NAME	CHESSE, HOWARD	
STREET ADDRESS	1871 NW 108 AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FULLER, DEBORAH	
STREET ADDRESS	5651 BAYVIEW DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROSS, FLORENCE	
STREET ADDRESS	4401 QUEEN PALM LANE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LABOWITZ, PHILLIP	
STREET ADDRESS	11450 SW 16 STREET	
CITY-ST-ZIP	DAVIE 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	D	<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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fuller, Deborah	
2.3 STREET ADDRESS	5651 Bayview Dr	
2.4 CITY-ST-ZIP	Ft Lauderdale, FL 33308	
3.1 TITLE	P	<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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Labowitz, Phillip	
4.3 STREET ADDRESS	11450 SW 16 Street	
4.4 CITY-ST-ZIP	Davie, FL 33325	
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LABowitz, Shoni	
5.3 STREET ADDRESS	11450 SW 16 street	
5.4 CITY-ST-ZIP	Davie, FL 33325	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FARRELL, Caryn	
6.3 STREET ADDRESS	2110 Intracoastal DR	
6.4 CITY-ST-ZIP	Ft Lauderdale, FL 33305	

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: *[Signature]* 4/8/98 (PFA) 731-8556  
Signature and typed or printed name of signing officer or director Date Daytime Phone # (Area)

CR2E037 (10/97)