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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N17466

1. Corporation Name

TEMPLE ADATH OR, INC.

Principal Place of Business

10400 GRIFFIN ROAD #302 FT. LAUDERDALE FL 33328 US

Mailing Address

10400 GRIFFIN ROAD #302 FT. LAUDERDALE FL 33328 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

10/23/1986

4. FEI Number

59-2740747

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

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

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

*Florence Ross*

Florence Ross

11/12/99

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 CHESS, HOWARD  
STREET ADDRESS 1871 NW 108 AVE  
CITY-ST-ZIP PLANTATION FL 33322

TITLE T  DELETE  
NAME FULLER, DEBORAH  
STREET ADDRESS 5651 BAYVIEW DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE P  DELETE  
NAME ROSS, FLORENCE  
STREET ADDRESS 4401 QUEEN PALM LANE  
CITY-ST-ZIP TAMARAC FL 33319

TITLE S  DELETE  
NAME LABOWITZ, PHILLIP  
STREET ADDRESS 11450 SW 16 STREET  
CITY-ST-ZIP DAVIE FL 33325

TITLE V  DELETE  
NAME LABOWITZ, SHONI  
STREET ADDRESS 11450 SW 16 STREET  
CITY-ST-ZIP DAVIE FL 33325

TITLE  DELETE  
NAME FARRELL, CARYN  
STREET ADDRESS 2110 INTRACOASTAL DR  
CITY-ST-ZIP FT LAUDERDALE FL 33305

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S FIRESTONE, ANOLA  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS 10414 BERMUDA DR.  
1.4 CITY-ST-ZIP COOPER CITY, FL 33026

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE D POMERANCE, MARC  Change  Addition  
4.2 NAME 1001 NE 26 AVE.  
4.3 STREET ADDRESS HALLANDALE, FL 33009  
4.4 CITY-ST-ZIP

5.1 TITLE D  Change  Addition  
5.2 NAME CHERNOV, LORNA  
5.3 STREET ADDRESS 20046 NE 36 PL.  
5.4 CITY-ST-ZIP AVENTURA, FL 33180

6.1 TITLE V  Change  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, with all other like empowered.

SIGNATURE:

*Florence Ross*

Florence Ross 1/12/99 954-731-8556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)