

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:38

DOCUMENT # **N39648** (3)

1. Corporation Name  
**TEMPLE L'CHAIM, INC.**

Principal Place of Business Mailing Address  
**2905 SO. FEDERAL HWY DELRAY BEACH FL 33483**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/23/1990</b>	3a. Date of Last Report <b>07/14/1994</b>
4. FEI Number <b>65-0214944</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>75 N.E. 6th AVENUE</b> Suite, Apt. #, etc.	26 <b>75 N.E. 6th AVENUE</b> Suite, Apt. #, etc.
22 <b>SUITE 111</b> City & State	27 <b>SUITE 111</b> City & State
23 <b>DELRAY BEACH, FL</b> Zip County	28 <b>DELRAY BEACH, FL</b> Zip County
24 <b>33483</b> 25 <b>USA</b>	29 <b>33483</b> 30 <b>USA</b>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>STRICKMAN, ANN 6055 WINDING BROOK WAY DELRAY BEACH FL 33484</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PACK, MILTON</b>	1.2 NAME	
STREET ADDRESS	<b>8863 SUNSCOPE LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DVP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REINER, ELAINE</b>	2.2 NAME	
STREET ADDRESS	<b>5162 CORTEZ COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DT</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRICKMAN, ANN</b>	3.2 NAME	
STREET ADDRESS	<b>6055 WINDING BROOK WAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DVP</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHARE, ADRIENNE</b>	4.2 NAME	
STREET ADDRESS	<b>15072 ASHLAND PLACE, STE., D-110</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DVP</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRUBERG, HYMAN</b>	5.2 NAME	
STREET ADDRESS	<b>700 SUNNY SHORES AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BCH. FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DVP</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOHN, MADELINE</b>	6.2 NAME	
STREET ADDRESS	<b>14970 WILDFLOWER LANE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY FL 33440</b>	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 110.07(3)(d), 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: Ann Strickman **ANNIE STRICKMAN** 1/20/95 407-499-1122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Phone #