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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39648** (3)
1. Corporation Name
TEMPLE L'CHAIM, INC.



Principal Place of Business 75 NE 6TH AVENUE 111 DELRAY BEACH FL 33483 US	Mailing Address 75 NE 6TH AVENUE 111 DELRAY BEACH FL 33483-5452 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/23/1990	3a. Date of Last Report 04/22/1996
4. FEI Number 65-0214944	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**STRICKMAN, ANN
6055 WINDING BROOK WAY
DELRAY BEACH FL 33484**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DP	FISHKIN, DONALD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
9497 MAJESTIC WAY	BOYNTON BEACH FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
DVP	WERNER, EVELYN	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
7672 LEXINGTON PLACE	DELRAY BEACH FL	2.1 TITLE	2.2 NAME
DT	SCHEIN, LAURETTE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
14823 BONAIRE BLVD	DELRAY BEACH FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
DVP	ROSEN, CYNTHIA Z.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
9497 MAJESTIC WAY	BOYNTON BEACH FL	3.1 TITLE	3.2 NAME
DVP	STRICKMAN, ANNE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6055 WINDING BROOK WAY	DELRAY BEACH FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
DVP	KOHN, MADELINE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
14970 WILDFLOWER LANE	DELRAY FL 33446	4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044825

CP2E037 (9/96)