

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1996



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

FILED
 Jun 19 1996 8:00 am
 Secretary of State

DOCUMENT # N94000000875 (4)

1. Corporation Name
 TEMPLE BET YAM, INC.



Principal Place of Business: 2587 SR 3, ST. AUGUSTINE FL 32084, US
 Mailing Address: P.O. BOX 840052, ST. AUGUSTINE FL 32084, US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/18/1994	3a. Date of Last Report 04/27/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	

9. Name and Address of Current Registered Agent
 GLADSTONE, CAROL
 22 LEE DR
 ST AUGUSTINE FL 32084

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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV LEE, KAL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	544 WOOD CHASE DR	1.2 NAME	
STREET ADDRESS	ST AUGUSTINE FL 32086	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D LEE, BETSY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	544 WOOD CHASE DR	2.2 NAME	
STREET ADDRESS	ST AUGUSTINE FL 32086	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D COHEN, MARTIN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	850 A1A BEACH BLVD, #26	3.2 NAME	
STREET ADDRESS	ST. AUGUSTINE FL 32084	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D COHEN, ROCHELLE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	850 A1A BEACH BLVD., #26	4.2 NAME	
STREET ADDRESS	ST. AUGUSTINE FL 32084	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DS GLADSTONE, CAROL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22 LEE DR	5.2 NAME	
STREET ADDRESS	ST AUGUSTINE FL 32084	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D GLADSTONE, MARC	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22 LEE DR	6.2 NAME	
STREET ADDRESS	ST AUGUSTINE FL 32084	6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Carol Gladstone 6/15/96 904 794-1608
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 CAROL GLADSTONE

CR2E037 (3/96)