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Jun 24 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 # 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 32084-0052 US
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3. Date Incorporated or Qualified 02/18/1994	3a. Date of Last Report 06/19/1996
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 *Carol Gladstone* **PAST PRESIDENT** DATE **4/20/97**

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

12. OFFICERS AND DIRECTORS

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	LEE, KAL	
STREET ADDRESS	544 WOOD CHASE DR	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEE, BETSY	
STREET ADDRESS	544 WOOD CHASE DR	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COHEN, MARTIN	
STREET ADDRESS	850 A1A BEACH BLVD, #28	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COHEN, ROCHELLE	
STREET ADDRESS	850 A1A BEACH BLVD., #28	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GLADSTONE, CAROL	
STREET ADDRESS	22 LEE DR	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLADSTONE, MARC	
STREET ADDRESS	22 LEE DR	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Greenfield, Phyllis	
1.3 STREET ADDRESS	101 Turtle Cove Court	
1.4 CITY-ST-ZIP	S. Ponte Vedra Beach, FL 32082	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Beskind, Robert	
2.3 STREET ADDRESS	416 Ocean Dr.	
2.4 CITY-ST-ZIP	St. Augustine, FL 32084	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gladstone, Carol	
5.3 STREET ADDRESS	22 LEE DR.	
5.4 CITY-ST-ZIP	St. Augustine, FL 32084	
6.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Marc Gladstone	
6.3 STREET ADDRESS	22 LEE DR.	
6.4 CITY-ST-ZIP	St. Augustine, FL 32084	

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.

Marc Gladstone

CR2E037 (9/96)