

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90117 028 \*\*\*\*61.25

DOCUMENT # N98000003635

1. Corporation Name

TEMPLE BETH AM ENDOWMENT FUND FOR THE FUTURE, IN  
C.

Principal Place of Business

5950 N. KENDALL DRIVE  
MIAMI FL 33136

Mailing Address

5950 N. KENDALL DRIVE  
MIAMI FL 33136



2. Principal Place of Business

21 5950 N. Kendall Dr.

Suite, Apt. #, etc.

22

City & State

23 Miami, Florida

Zip Country

24 33156

25 United States

2a. Mailing Address

26 5950 N. Kendall Dr.

Suite, Apt. #, etc.

27

City & State

28 Miami, Florida

Zip Country

29 33156

30 United States

3. Date Incorporated or Qualified

06/22/1998

4. FEI Number

65-0880512

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

COBER CORPORATE AGENTS, INC.  
2601 SOUTH BAYSHORE DR.  
19TH FLOOR  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

Ronald R. Fieldstone

82 Street Address (P.O. Box Number is Not Acceptable)

200 S. Biscayne Blvd.

83

Suite 2100

84

City Miami

FL

85 Zip Code

33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME RAPPAPORT, MELVIN  
STREET ADDRESS 5950 N. KENDALL DRIVE  
CITY-ST-ZIP MIAMI FL 37156-2068

TITLE D ☐ DELETE

NAME NOLAN, JAMES Q  
STREET ADDRESS 5950 N. KENDALL DRIVE  
CITY-ST-ZIP MIAMI FL 33136

TITLE D ☒ DELETE

NAME MIOTN, SANFORD  
STREET ADDRESS 5950 N. KENDALL DRIVE  
CITY-ST-ZIP MIAMI FL 33136

TITLE D ☒ DELETE

NAME MESSING, STEVEN  
STREET ADDRESS 5950 N. KENDALL DRIVE  
CITY-ST-ZIP MIAMI FL 33136

TITLE D ☐ DELETE

NAME SOLOMON, JACOB  
STREET ADDRESS 4200 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Howard Gross  
1.3 STREET ADDRESS 5950 N. Kendall Drive  
1.4 CITY-ST-ZIP Miami, FL 33156

2.1 TITLE C ☒ Change ☐ Addition

2.2 NAME James Nolan  
2.3 STREET ADDRESS 5950 N. Kendall Dr.  
2.4 CITY-ST-ZIP Miami, FL 33156

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Jay Rossin  
3.3 STREET ADDRESS 5950 N. Kendall Dr.  
3.4 CITY-ST-ZIP Miami, FL 33156

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Richard Yulman  
4.3 STREET ADDRESS 5950 N. Kendall Dr.  
4.4 CITY-ST-ZIP Miami, FL 33156

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME Stephen Frank  
5.3 STREET ADDRESS 5950 N. Kendall Dr.  
5.4 CITY-ST-ZIP Miami, FL 33156

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME Harry Payton  
6.3 STREET ADDRESS 5950 N. Kendall Dr.  
6.4 CITY-ST-ZIP Miami, FL 33156

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)