

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 257119 (8)

1. Corporation Name

MIRAMAR GARDEN APARTMENTS INC



Principal Place of Business

Mailing Address

60 VENETIAN DRIVE
 DELRAY BEACH FL 33483

60 VENETIAN DRIVE
 DELRAY BEACH FL 33483

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

03/20/1962

3a. Date of Last Report

02/27/1995

4. FEI Number

59-1028411

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

8. This corporation has liability for intangible tax under s. 199.032
 Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

DIONNE, CLAUDE LCAW
 60 VENETIAN DRIVE
 DELRAY BEACH FL 33483

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 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 a family member, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Claude Lcaw Dionne **CLAUDE LCAW, MANAGER**

6-27-96

Signature type: E (printed name of registered agent), S (typed or printed name of registered agent), or F (FIDEL - Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUGHES, JOHN	
STREET ADDRESS	80 VENETIAN DR., N-201	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DIGGANS, BETTY	
STREET ADDRESS	80 VENETIAN DR., N-105	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MURTAGH, ROBERT	
STREET ADDRESS	80 VENETIAN DR N305	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ALLEN, SHIRLEY	
STREET ADDRESS	80 VENETIAN DR., #S-102	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALLOWAY, GLORIA	
STREET ADDRESS	80 VENETIAN DR #S-104	
CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWNELL, SALLY	
STREET ADDRESS	80 VENETIAN DR #206	
CITY-ST-ZIP	DELRAY BCH FL 33483	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Giordano, John	
13 STREET ADDRESS	60 Venetian Dr., N-303	
14 CITY-ST-ZIP	DeLray Beach FL 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 to an address.

SIGNATURE:

Robert Murtagh **TREAS.**

6-24-96

276-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (3/96)