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FILED

Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 706293 (8)**

1. Corporation Name

ASTOR CONDOMINIUM INC

Principal Place of Business

**3510 HARRISON STREET
HOLLYWOOD FL 33021**

Mailing Address

**3510 HARRISON STREET
HOLLYWOOD FL 33021-8602**3. Date Incorporated or Qualified
10/16/19633a. Date of Last Report
04/24/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

28

Zip

Country

4. FEI Number

70-6293160

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

**HAYNES, EDITH A.
3510 HARRISON ST
#4
HOLLYWOOD FL 33021**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	☒ DELETE
NAME	SANTILLO, JOSEPHINE	
STREET ADDRESS	3510 HARRISON ST	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	D	☒ DELETE
NAME	DEININGER, SAM	
STREET ADDRESS	3510 HARRISON ST #15	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	T	☐ DELETE
NAME	HAYNES, EDITH A.	
STREET ADDRESS	3510 HARRISON ST #4	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	P	☐ DELETE
NAME	LAVALLEE, MARK	
STREET ADDRESS	3510 HARRISON ST #11	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	S	☐ DELETE
NAME	NIIVINS, PATRICIA	
STREET ADDRESS	3510 HARRISON ST	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	D	☐ DELETE
NAME	NIIVINS, HARVEY	
STREET ADDRESS	3510 HARRISON ST. #10	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	☒ Change ☐ Addition
1.2 NAME	DEININGER, SAM	
1.3 STREET ADDRESS	3510 HARRISON ST.	
1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33020	
2.1 TITLE	DIRECTOR	☒ Change ☐ Addition
2.2 NAME	DEININGER, JANE	
2.3 STREET ADDRESS	3510 HARRISON ST.	
2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33020	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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 # 0021490

CR2E037 (9/96)