


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709241** (4)

1. Corporation Name

INTERCONDOMINIUM, INC.



Principal Place of Business C/O MINNIE OILL 1770 79 ST CAUSEWAY NORTH BAY VILLAGE FL 33141 US		Mailing Address C/O KAZANOFF, S 1770 KENNEDY CAUSEWAY #106 NORTH BAY VILLAGE FL 33141 US		3. Date Incorporated or Qualified 06/30/1965	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-1595291	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Country 25		7. Is this nonprofit corporation a homeowners association? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Zip 29		Country 30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PMS CORPORATION 8299 CORAL WAY MIAMI FL 33155				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 617.1503, 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) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KAZANOF, STANLEY			1.2 NAME			
STREET ADDRESS	1770 KENNEDY CAUSEWAY 106			1.3 STREET ADDRESS			
CITY-ST-ZIP	N. BAY VILLAGE FL			1.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OILL, MINNIE			2.2 NAME			
STREET ADDRESS	1770 KENNEDY CAUSEWAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	N. BAY VILLAGE FL			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEMPNER, ANN			3.2 NAME			
STREET ADDRESS	1800 KENNEDY CAUSEWAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	N. BAY VILLAGE FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BREGMAN, ANNE			4.2 NAME			
STREET ADDRESS	1790 79TH CAUSEWAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	N BAY VILLAGE FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE: Stanley Kazanoff REQUIRED

1-15-98 866-5008

CR2E037 (10/97)