

FILE NOW: FILING FEE IS \$61.25

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Mar 03 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 # 709953 (4)
1. Corporation Name
SAN REMO, INC., A CONDOMINIUM



Principal Place of Business 2871 N. OCEAN BLVD. BOCA RATON FL 33431	Mailing Address 2871 N. OCEAN BLVD. BOCA RATON FL 33431-7018
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3. Date Incorporated or Qualified 11/19/1965	3a. Date of Last Report 03/27/1996
4. FEI Number 59-1202524	Applied For 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 type="checkbox"/> No	

21. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent
SILVERIO, ALPIER
2871 NORTH OCEAN BLVD.
BOCA RATON FL 33431

10. Name and Address of New Registered Agent
81 Name Peter Mollengarden
82 Street Address (P.O. Box Number is Not Acceptable) Becker, Poliakoff, P.A.
83 500 Australian Avenue
84 City West Palm Beach, FL 85 Zip Code 33401

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: *Peter Mollengarden* 2/2/97
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	SD	<input type="checkbox"/> DELETE
NAME	BARBARA SPARGO	
STREET ADDRESS	2871 N. OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FORTI, JOSEPH	
STREET ADDRESS	2871 NORTH OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRANK DUNCAN	
STREET ADDRESS	2871 N. OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STONER, ROBERT	
STREET ADDRESS	2871 NORTH OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KURZBERG, MICHAEL	
STREET ADDRESS	2871 N. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SILVERIO, AL	
STREET ADDRESS	2871 N OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DONALD BROWN	
1.3 STREET ADDRESS	2871 N. OCEAN BLVD.	
1.4 CITY-ST-ZIP	BOCA RATON, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JEAN DAVIES	
2.3 STREET ADDRESS	2871 N. Ocean Blvd.	
2.4 CITY-ST-ZIP	BOCA RATON, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FRANK DELANEY	
3.3 STREET ADDRESS	2871 N. OCEAN BLVD.	
3.4 CITY-ST-ZIP	BOCA RATON, FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VICTOR BENHAM	
4.3 STREET ADDRESS	2871 N. OCEAN BLVD.	
4.4 CITY-ST-ZIP	BOCA RATON, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	IRVINE MARSHALL	
5.3 STREET ADDRESS	2871 N. OCEAN BLVD.	
5.4 CITY-ST-ZIP	BOCA RATON FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joseph V. Forti* President 2/18/97 Date 561-750-7775 Daytime Phone # 0038777

CR2E037 (9/96)