

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 710730 (3)

1. Corporation Name
PLAZA EAST ASSOCIATION, INC.



Principal Place of Business 4300 N. OCEAN BLVD. FT. LAUDERDALE FL 33308	Mailing Address 4300 N. OCEAN BLVD. FT. LAUDERDALE FL 33308-5944
---	--

3. Date Incorporated or Qualified 04/15/1966	3a. Date of Last Report 04/26/1996
4. FEI Number 59-1197753	Applied For <input type="checkbox"/> 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 Suite, Apt. #, etc.	22. City & State	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	29. Country	30. Country
--	------------------	-------------	--	------------------	-------------	-------------

9. Name and Address of Current Registered Agent

**BECKER POLIAKOFF, P.A.
EMERALD LAKE CORPORATE PARK
3111 STERLING RD
FT. LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent

81 Name TUDZAROV & GREENBERG, P.A.	
82 Street Address (P.O. Box Number is Not Acceptable) 345 West Oakland Park Blvd.	
83 Fort Lauderdale, FL 33311	
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 *Louise R Tudzarov, Pres* **Louise R Tudzarov, Pres** **4/18/97**
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 PD	NAME GREENGLASS, SHELDON	<input type="checkbox"/> DELETE
STREET ADDRESS 4300 N OCEAN BLVD	CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE VD	NAME GOLDSTEIN, NATALIE	<input type="checkbox"/> DELETE
STREET ADDRESS 4300 N OCEAN BLVD.	CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE TD	NAME LOVEMAN, ESTHER	<input type="checkbox"/> DELETE
STREET ADDRESS 4300 N OCEAN BLVD	CITY-ST-ZIP FT LAUDERDALE FL	
TITLE SD	NAME EVANS, IRENE	<input type="checkbox"/> DELETE
STREET ADDRESS 4300 N OCEAN BLVD	CITY-ST-ZIP FT LAUDERDALE FL	
TITLE D	NAME ISKOWITZ, VICTOR	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 4300 N OCEAN BLVD	CITY-ST-ZIP FT LAUDERDALE FL	
TITLE D	NAME MASTROTA, VINCENT	<input type="checkbox"/> DELETE
STREET ADDRESS 4300 N. OCEAN BLVD.	CITY-ST-ZIP FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME D Shankweiler, Richard	
5.3 STREET ADDRESS 4300 N. Ocean Blvd.	
5.4 CITY-ST-ZIP Ft. Lauderdale, 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.

CR2E037 (9/96)