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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710730

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/15/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1197753
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent TUDZAROV & GREENBERG PA 345 WEST OAKLAND PARK BLVD FORT LAUDERDALE FL 33311	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
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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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME BRADY, JAMES	1.1 TITLE PD	Goldstein, Howard
STREET ADDRESS 4300 N OCEAN BLVD	CITY-ST-ZIP FT LAUDERDALE FL 33308	1.2 NAME	4300 N. Ocean Blvd.
		1.3 STREET ADDRESS	Ft. Lauderdale, FL 33308
		1.4 CITY-ST-ZIP	
TITLE VD	NAME MARCUM, TERRY	2.1 TITLE	
STREET ADDRESS 4300 N OCEAN BLVD	CITY-ST-ZIP FT LAUDERDALE FL 33308	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE TD	NAME BOUTROS, HOSNEY	3.1 TITLE TD	Kaplowitz, Leonard
STREET ADDRESS 4300 N OCEAN BLVD	CITY-ST-ZIP FT LAUDERDALE FL 33308	3.2 NAME	4300 N. Ocean Blvd.
		3.3 STREET ADDRESS	Ft. Lauderdale, FL 33308
		3.4 CITY-ST-ZIP	
TITLE D	NAME WESLER, NATHAN	4.1 TITLE D	Wesler, Nathan
STREET ADDRESS 4300 N OCEAN BLVD	CITY-ST-ZIP FT LAUDERDALE FL 33308	4.2 NAME	4300 N. Ocean Blvd.
		4.3 STREET ADDRESS	Ft. Lauderdale, FL 33308
		4.4 CITY-ST-ZIP	
TITLE D	NAME SHANKWEILER, RICHARD	5.1 TITLE	
STREET ADDRESS 4300 N OCEAN BLVD	CITY-ST-ZIP FT LAUDERDALE FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE D	NAME MASTROTA, VINCENT	6.1 TITLE D	Brady, James
STREET ADDRESS 4300 N. OCEAN BLVD.	CITY-ST-ZIP FT. LAUDERDALE FL	6.2 NAME	4300 N. Ocean Blvd.
		6.3 STREET ADDRESS	Ft. Lauderdale, FL 33308
		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, with all other like empowered.

SIGNATURE: Katherine Harris 4/27/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)