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Mar 24 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 # 711606 (4)
 Corporation Name
SUNDIAL TOWERS CONDOMINIUM, INC.



Principal Place of Business 8400 BYRON AVE. MIAMI BEACH FL 33141	Mailing Address 8400 BYRON AVE. MIAMI BEACH FL 33141
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3. Date Incorporated or Qualified 10/10/1966	
4. FEI Number 59-1222305	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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Zip
27. Country	28. Country

9. Name and Address of Current Registered Agent
ZILL, MARY
8400 BYRON AVE.
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name Vernon Yankowsky	
82 Street Address (P.O. Box Number is Not Acceptable) 8400 Byron Av	
83 City Miami Beach FL 33141	
84 City FL	85 Zip Code 33141

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 *Zenon Yankowsky* DATE **Mar. 11, 1998.**

12. OFFICERS AND DIRECTORS

TITLE PD	NAME ZILL, MARY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 8400 BYRON AVE	CITY-ST-ZIP MIAMI BCH, FL 00000	
TITLE VPD	NAME KACZIENOWICZ, OKSAN	<input type="checkbox"/> DELETE
STREET ADDRESS 8400 BYRON AVE	CITY-ST-ZIP MIAMI BEACH, FL 00000	
TITLE STD	NAME KELLEY, J. F.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 8400 BYRON AVE	CITY-ST-ZIP MIAMI BCH, FL 00000	
TITLE D	NAME RAS, CHARLES	<input type="checkbox"/> DELETE
STREET ADDRESS 8400 BYRON AVE.	CITY-ST-ZIP MIAMI BEACH FL	
TITLE D	NAME BENITEZ, SEVERO C.	<input type="checkbox"/> DELETE
STREET ADDRESS 8400 BYRON AVE.	CITY-ST-ZIP MIAMI BEACH FL	
TITLE D	NAME YANKOWSKY, ZENON	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 8400 BYRON AVE.	CITY-ST-ZIP MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME ZENON YANKOWSKY	
1.3 STREET ADDRESS 8400 BYRON AV.	
1.4 CITY-ST-ZIP M.B. FL 33141	
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 STD MARY ZILL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS 8400 BYRON AV.	
3.4 CITY-ST-ZIP M.B. FL 33141	
4.1 TITLE D J.F. Kelley	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS 8400 BYRON AV.	
4.4 CITY-ST-ZIP M.B. FL 33141	
5.1 TITLE D Fran'k Sellaro	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS 8400 Byron Ave. 2A	
5.4 CITY-ST-ZIP Miami Beach FL 33141	
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 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: **Mary Zill** *Mary Zill* **2-20-98** **305 864-1302**

CR2E037 (10/97)