

FILE NOW: FILING FEE IS \$61.25

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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

DOCUMENT # 711606

1. 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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/10/1966	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1222305	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

YANKOWSKY, ZENON
8400 BYRON AVE.
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81	Name	Z. YANKOWSKY
82	Street Address (P.O. Box Number is Not Acceptable)	8400 Byron Ave. 5D
83		Miami Beach
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 Mary Zell DATE 2-23-99
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANKOWSKY, ZENON 5D	1.2 NAME	Charles Ras
STREET ADDRESS	8400 BYRON AVE	1.3 STREET ADDRESS	8400 Byron Ave
CITY-ST-ZIP	MIAMI BCH, FL 00000 33141	1.4 CITY-ST-ZIP	Miami Beach 33141
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KACZIENOWICZ, OKSAN 3F	2.2 NAME	
STREET ADDRESS	8400 BYRON AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 00000 33141	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZILL, MARY HF	3.2 NAME	
STREET ADDRESS	8400 BYRON AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 00000 33141	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, J. F. 2C	4.2 NAME	
STREET ADDRESS	8400 BYRON AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENITEZ, SEVERO C. 2F	5.2 NAME	
STREET ADDRESS	8400 BYRON AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELLARO, FRANK	6.2 NAME	
STREET ADDRESS	8400 BYRON AVENUE 2A	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	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: SIGNATURE REQUIRED Mary Zell DATE 3-05-99 864-1302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)