FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 06 1997 8:00am

Secretary of State

FEB. 167 1007

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 711872

(2)

| THE ADMIRAL CONDOMINIUM APARTM | ients, | INC. |
|--------------------------------|--------|------|
|--------------------------------|--------|------|

| Principa! Place | e of Business | Mailing Address | | | | | |
|---|--|--------------------------------------|--|---|--|--|--|
| 2031 DEWEY STREET 2031 DEWEY STREET | | | | | | | |
| HOLLYWOOD FI | | HOLLYWOOD FL 33020-6900 |) | · · | | | |
| | | | | Date Incorporated or Qualified | | | |
| | | | | 12/01/1966 03/06/1996 | | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | 4. FEI Number Applied For | | | |
| 21 26 | | 26 | | 59-1206123 Not Applicable | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired \$8.75 Additional | | | |
| | | 27 | | Fee Required | | | |
| City & State | 2 | City & State | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | |
| Zip | Country | Zip | Country | This corporation has liability for intangible tax under s. 199.032, | | | |
| 24 | 25 | 29 | 30 | Florida Statutes | | | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | | | |
| | | | 81 Name | POULIN, NELSON | | | |
| QUINN, 1 | | | 82 Street | Address (P.O. Box Number is Not Acceptable) | | | |
| | WEY ST. 105 | | | 2032 Dewey St. Apt. 306 | | | |
| HOLLYW | OOD FL 33020 | | 83 | | | | |
| | 1 | | 84 City | 85 Zip Code | | | |
| 11 Pureuant I | to the provisions of Sections 617.050 | 02 and 617 1508 Florida Statute | ne tvo eboue named | Hol-lywood, F1 B3020 corporation submits this statement for the purpose of changing its registered | | | |
| office or re | egistered agent, or both, in the State | of Florida. Such change was a | ut to ized by the cor | portion's board of directors. I hereby accept the appointment as registered | | | |
| | A/. / | | elson | 6. 0 | | | |
| SIGNATURE _ | Signature typed or printed name of registereo ag | | Registered Agent signature | proquired when reinstating) DATE | | | |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | DP \ | DELETE | 1.1 TITLE | DP Addition | | | |
| NAME | KRAMER, PAUL | | 1.2 NAME | Poulin Nelson | | | |
| STREET ADDRESS | 2031 DEWEY ST., APT. 106 | | 1.3 STREET ADDRESS | 2031 Dewey St. Apt. 306 | | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 00000 | DEL EXE | 1.4 CITY-ST-ZIP | Hollywood, Fl 33020 | | | |
| TITLE | SD TOUDE IFAM D | DELETÉ TOTAL | 2.1 TITLE | DV. Addition | | | |
| NAME | TRUDEL, JEAN P | | 2.2 NAME | Quinn Kevin P. | | | |
| STREET ADDRESS | 2031 DEWEY ST, APD 03 HOLLYWOOD, FL 00000 | | 2.3 STREET ADDRESS | 2031 Dewey St. Apt. 105 | | | |
| CITY-ST-ZIP | TOLLINGOLAT WOOD | DELETE | 2. 4 CITY-ST-ZIP 3.1 TITLE | Hollywood, Fl 33020 Change Addition | | | |
| NAME | BOUCHARD, PIERRETTE A | | 3.2 NAME | DI . | | | |
| STREET ADDRESS | 2031 DEWEY ST. #201 | | 3.3 STREET ADDRESS | Allard Bertrand | | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | | 3.4. CITY-ST-ZIP | 2031 Dewey St. Apt. 202 | | | |
| TITLE | VP / | ☐ DELETE | 4.1 TITLE | Hollywood, Fl 33020 Change Addition | | | |
| NAME | QUINN, KEVIN P | | 4. 2 NAME | DS | | | |
| STREET ADDRESS | 2031 DEWEY ST. #105 | | 4.3 STREET ADDRESS | Morissette Jacques | | | |
| CITY - ST - ZIP | HOLLYWOOD FL 33020 | | 4.4 CITY - ST - ZIP | 2031 Deway St. Apt. 302 | | | |
| TITLE | G | ☐ DELETE | 5.1 TITLE | Hollywood, Fl 33020 Change Addition | | | |
| NAME | BOUFFARD, ARMAND | | 5.2 NAME | 1 | | | |
| STREET ADDRESS | 2031 DEWEY ST. #192 | | 5.3 STREET ADDRESS | Gravel Andre | | | |
| CHTY-ST-ZIP | HOLLYWOOD FL 33020 | DELETE | 5.4 CITY-ST-ZIP | 2031 Dewey St. Apt. 203 | | | |
| TITLE | | | 6.1 TITLE | HOLLYWOOD, Fl. 33020 Change Addition | | | |
| NAME STORET ADDRESS | | | 62 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| City-St-ZiP 14. I do hereb | by certify that the information supplie | ed with this filing does not qualify | 6.4 CITY-ST-ZIP for the exemption s | I tated 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 | | | | | | | |
| appears in Block 12 or Block 13 if changed, or on an attachment with an address, | | | | | | | |