


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 711872 (2)**  
1. Corporation Name  
**THE ADMIRAL CONDOMINIUM APARTMENTS, INC.**



Principal Place of Business <b>2031 DEWEY STREET HOLLYWOOD FL 33020</b>	Mailing Address <b>2031 DEWEY STREET HOLLYWOOD FL 33020</b>
--	--

3. Date Incorporated or Qualified <b>12/01/1966</b>	4. FEI Number <b>59-1206123</b>	Applied For <input type="checkbox"/> Not Applicable
--	------------------------------------	--

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	25 Country
29 Zip	30 Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**POULIN, NELSON  
2032 DEWEY ST., APT. 306  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	POULIN NELSON	
STREET ADDRESS	2031 DEWEY ST. APT. 306	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	QUINN KEVIN P.	
STREET ADDRESS	2031 DEWEY ST., APT 105	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ALLARD BERTRAND	
STREET ADDRESS	2031 DEWEY ST. APT. 202	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MORISSETTE JACQUES	
STREET ADDRESS	2031 DEWEY ST. APT. 302	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DG	<input type="checkbox"/> DELETE
NAME	GRAVEL ANDRE	
STREET ADDRESS	2031 DEWEY ST. APT. 203	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BRIAND OLIVIER</b>
2.3 STREET ADDRESS	<b>2031 DEWEY ST APT 207</b>
2.4 CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: *Nelson Poulin Nelson* **Poulin P** 16 Feb 98 (954) 925-5483

CR2E037 (10/97)