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Mar 04, 1999 8:00 am
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03-04-1999 90237 040 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 711872

1. Corporation Name
THE ADMIRAL CONDOMINIUM APARTMENTS, INC.

Principal Place of Business: 2031 DEWEY STREET HOLLYWOOD FL 33020
 Mailing Address: 2031 DEWEY STREET HOLLYWOOD FL 33020



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/01/1966	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1206123	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POULIN, NELSON 2032 DEWEY ST., APT. 306 HOLLYWOOD FL 33020				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POULIN NELSON	1.2 NAME	
STREET ADDRESS	2031 DEWEY ST. APT. 306	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVIER, BRIAND	2.2 NAME	VICTOR ESTRADA
STREET ADDRESS	2031 DEWEY ST., APT 207	2.3 STREET ADDRESS	2031 Dewey St apt 204
CITY-ST-ZIP	HOLLYWOOD FL 33020	2.4 CITY-ST-ZIP	HOLLYWOOD FLA 33020
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLARD BERTRAND	3.2 NAME	
STREET ADDRESS	2031 DEWEY ST. APT. 202	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORISSETTE JACQUES	4.2 NAME	
STREET ADDRESS	2031 DEWEY ST. APT. 302	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE	DG <input type="checkbox"/> DELETE	5.1 TITLE	DG <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVEL ANDRE	5.2 NAME	CHRISTIAN Mendoza
STREET ADDRESS	2031 DEWEY ST. APT. 203	5.3 STREET ADDRESS	2031 Dewey St apt 205
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	HOLLYWOOD FLA 33020
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: *Nelson Poulin* DATE: 15 Feb 99 (934) 925-5423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)