

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712080 (1)
1. Corporation Name
FIFTH MIRAMAR CONDOMINIUM, INC.



Principal Place of Business 6750 ARBOR DRIVE MIRAMAR FL 33023	Mailing Address 6750 ARBOR DRIVE MIRAMAR FL 33023-4886
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3. Date Incorporated or Qualified 01/12/1967	3a. Date of Last Report 03/13/1996
4. FEI Number 59-1202373	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Country	29 Zip Country

9. Name and Address of Current Registered Agent
**WEIMER, WILMA
6750 ARBOR DR. #203
MIRAMAR FL 33023**

10. Name and Address of New Registered Agent
81 Name
LETTIA E. TULL
82 Street Address (P.O. Box Number is Not Acceptable)
6750 ARBOR DR. #202
83 **MIRAMAR, FL 33023**
84 City **FL** 85 Zip Code

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: *Letitia E. Tull* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TULL, LETTIA 6750 ARBOR DRIVE #202 MIRAMAR FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	EULA NEVERSON #104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VICE President 6750 ARBOR DR, MIRAMAR FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUZZOLILLI, EVELYN 6750 ARBOR DR., #102 MIRAMAR FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ZELDA PEUDER 6750 ARBOR DR. # 106 MIRAMAR FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARGARET MACERI THOMAS, LORETTA 6750 ARBOR DR #105 MIRAMAR FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAREN CHRISFIELD CRISFIELD, ROSE 6750 ARBOR DR., #208 MIRAMAR FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEIMER, WILMA 6750 ARBOR DR., #203 MIRAMAR FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARBARA DEJORIS KUHN, WILLIAM 6750 ARBOR DR. #103 MIRAMAR FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *Letitia E. Tull* **REQUIRED** 5/15/97 954-986-0047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0023559

CFR2E037 (9/96)