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May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified: 01/12/1967
4. FEI Number: 59-1202373
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and 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 (81-85) fields for Name, Street Address, City, and 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: *Wilma E. Weimer* P. DATE: 5/19/98

12. OFFICERS AND DIRECTORS

TITLE	NEVERSON, EULA	<input type="checkbox"/> DELETE
NAME	6750 ARBOR DR.	
STREET ADDRESS	MIAMAR FL	
CITY-ST-ZIP		
TITLE	D NUZZOLILLI, EVELYN	<input type="checkbox"/> DELETE
NAME	6750 ARBOR DR., #102	
STREET ADDRESS	MIRAMAR FL	
CITY-ST-ZIP		
TITLE	D MACERI, MARGARET	<input type="checkbox"/> DELETE
NAME	6750 ARBOR DR #105	
STREET ADDRESS	MIRAMAR FL	
CITY-ST-ZIP		
TITLE	D CHRISFIELD, KAREN	<input checked="" type="checkbox"/> DELETE
NAME	6750 ARBOR DR., #206	
STREET ADDRESS	MIRAMAR FL	
CITY-ST-ZIP		
TITLE	DP WEIMER, WILMA	<input type="checkbox"/> DELETE
NAME	6750 ARBOR DR., #203	
STREET ADDRESS	MIRAMAR FL	
CITY-ST-ZIP		
TITLE	VPD DEJORIS, BARBARA	<input checked="" type="checkbox"/> DELETE
NAME	6750 ARBOR DR. #103	
STREET ADDRESS	MIRAMAR FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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(9)(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: *Wilma E. Weimer* P. DATE: 5/19/98

CR2E037 (10/97)