

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 712580

(0)

1. Corporation Name

252 JEFFERSON CONDOMINIUM, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 2:05

Principal Place of Business

Mailing Address

252 JEFFERSON AVE APT 4
MIAMI BCH FL 33139

252 JEFFERSON AVE APT 4
MIAMI BCH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1967

3a. Date of Last Report

03/30/1994

4. FEI Number

59-1235171

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ABPLANALP, EVELYN
252 JEFFERSON AVE, APT #4
MIAMI BCH. FL 33139

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Evelyn Abplanalp
Signature, typed or printed name of registered agent and title, if applicable

EVELINE ABPLANALP
(NOTE: Registered Agent signature required when reinstating)

Jan 27, 1995
DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	WEXSLER, LARRY
STREET ADDRESS	1228 WEST AVE, #702
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	TD
NAME	ABPLANALP, EVELYN
STREET ADDRESS	252 JEFFERSON AVE APT 4
CITY - ST - ZIP	MIAMI BCH, FL 00000
TITLE	SD
NAME	ELLIN, JEANNE
STREET ADDRESS	252 JEFFERSON AVE APT 7
CITY - ST - ZIP	MIAMI BCH, FL 00000
TITLE	PD
NAME	ELLIN, SUE
STREET ADDRESS	252 JEFFERSON AVE, #12
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	☒ Change ☐ Addition
1.2 NAME	BART, GEORGE	
1.3 STREET ADDRESS	252 JEFFERSON AVE, #8	
1.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139	
4.1 TITLE		☐ Change ☒ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139	
5.1 TITLE	ASD	☐ Change ☒ Addition
5.2 NAME	SAADY, ARON	
5.3 STREET ADDRESS	252 JEFFERSON AVE. #5	
5.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Evelyn Abplanalp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 27, 1995
DATE