


2-27-97 B-2432 c
FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713506 (4)
 1. Corporation Name
JEFFERSON CONDOMINIUM OF HOLLYWOOD, INC.



Principal Place of Business 2005 JEFFERSON STREET HOLLYWOOD FL 33020	Mailing Address 2005 JEFFERSON STREET HOLLYWOOD FL 33020-6979
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3. Date Incorporated or Qualified 10/24/1967	3a. Date of Last Report 01/31/1996
4. FEI Number 59-2380070	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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
DAVIS, WANDA
2005 JEFFERSON ST
#102
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
 B1 Name **TYE R. ORLANIS**
 B2 Street Address (P.O. Box Number is Not Acceptable) **2005 Jefferson St. Apt 303**
 B3 **Hollywood Fl.**
 B4 City
 B5 Zip Code **FL 33020**

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 *TYE R. ORLANIS PRESIDENT* *Tye R. Orlanis* **28 JAN 97**
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature Required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DESJARDINS, ROLANDE	
STREET ADDRESS	6980 CHATELAIN	
CITY-ST-ZIP	MONTREAL QU	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUOT, MAURICE	
STREET ADDRESS	2557 FLETCHER ST.	
CITY-ST-ZIP	MONTREAL QU	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COMEAU, HENRIETTE	
STREET ADDRESS	80 BELIOZ, #106	
CITY-ST-ZIP	ILE DES SOEURS QU	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DAVIS, WANDA	
STREET ADDRESS	2005 JEFFERSON ST., APT. 102	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAEZ, GUILLERMO	
STREET ADDRESS	2005 JEFFERSON ST., APT. 204	
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	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ORLANIS TYE R.	
1.3 STREET ADDRESS	2005 Jefferson, Apt303	
1.4 CITY-ST-ZIP	Hollywood Fl. #33020	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WITHAM KENNETH	
2.3 STREET ADDRESS	2005 JEFFERSON, APT 208	
2.4 CITY-ST-ZIP	HOLLYWOOD, FL #33020	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JORGE HENRY	
3.3 STREET ADDRESS	2005 JEFFERSON ST. ATP305	
3.4 CITY-ST-ZIP	HOLLYWOOD FL #33020	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	INGICCO CARLO	
4.3 STREET ADDRESS	2005 JEFFERSON, ATP 306	
4.4 CITY-ST-ZIP	Hollywood Fl. #33020	
5.1 TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	J.M. SURPRENANT,	
5.3 STREET ADDRESS	10400 Berri, Montreal. Que	
5.4 CITY-ST-ZIP	Canada H3L 2G8	
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 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: *Tye R. Orlanis* **TYE R. ORLANIS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)