

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90205 009 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 713506**

7. 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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/24/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2380070
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  ORLANIS, TYE R. 2005 JEFFERSON ST APT #303 HOLLYWOOD FL 33020	10. Name and Address of New Registered Agent 81 Name <b>CARLO INGILLO</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2005 JEFFERSON ST</b> 83 <b>#306</b> 84 City <b>Hollywood</b> <b>FL</b> 85 Zip Code <b>33020</b>
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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 Carlo Ingillo (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ORLANIS, TYE R.</b>		1.2 NAME	
STREET ADDRESS <b>2005 JEFFERSON, APT #303</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>HOLLYWOOD FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WITHAM, KENNETH</b>	<b>Director + VP</b>	2.2 NAME	
STREET ADDRESS <b>2005 JEFFERSON, APT #208</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>HOLLYWOOD FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JORGE, HENRY</b>		3.2 NAME	
STREET ADDRESS <b>2005 JEFFERSON ST., APT #305</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>HOLLYWOOD FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>INGILLO, CARLO</b>	<b>Director + President</b>	4.2 NAME	
STREET ADDRESS <b>2005 JEFFERSON, APT 306</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>HOLLYWOOD FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SURPRENANT, J.M.</b>		5.2 NAME	
STREET ADDRESS <b>10400 BERRI</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>MONTREAL QUE CA</b>		5.4 CITY-ST-ZIP	
TITLE <b>A.</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Secy</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>H. COMEAU #309</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>2005 JEFFERSON ST</b> <b>Hollywood, FL 33020</b>

14. I 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 signatures 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: Carlo Ingillo DATE: 2/2/99 DAYTIME PHONE: 954-921-4091

CR2E037 (1/98)