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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 714442

1. Corporation Name
THE WAYNE CONDOMINIUM, INC.

Principal Place of Business
 1160 99TH STREET
 BAY HARBOR ISLANDS FL 33154

Mailing Address
 1160 99TH STREET
 BAY HARBOR ISLANDS FL 33154



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/15/1968	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				71-4442230	
22. City & State		27. City & State		Applied For	
				Not Applicable	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
24. Country		29. Country		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				10. Name and Address of New Registered Agent			
EVERETT, ALIDA C. 1160 99 STREET, APT. 2 BAY HARBOR ISLANDS FL 33154				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City		85. Zip Code	
FL							

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENT, ISABELLE		1.2 NAME	ROBERT CAPUANO	
STREET ADDRESS	601 SW 141 AVE-PLYMOUTH P-402		1.3 STREET ADDRESS	C/SLAGER	
CITY-ST-ZIP	PEMBROKE PINES FL 33027		1.4 CITY-ST-ZIP	53 CAIN DRIVE	
TITLE	APD	<input type="checkbox"/> DELETE	2.1 TITLE	VALPARAISO IN 46383	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINER, MICKEY		2.2 NAME		
STREET ADDRESS	1160 99 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR ISLAND FL		2.4 CITY-ST-ZIP		
TITLE	ASTD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, ALIDA C.		3.2 NAME		
STREET ADDRESS	1160 99 ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR ISLAND FL		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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(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, with all other like empowered.

SIGNATURE: ALIDA C. EVERETT 2-8-99 (305) 864-2582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)