

**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

APPROVED  
AND  
FILED  
  
95 APR 21 AM 9:51  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 714714 (3)

1. Corporation Name  
**CORNET CHATEAU CONDOMINIUM, INC.**

Principal Place of Business Mailing Address  
**1710 MCKINLEY STREET HOLLYWOOD FL 33020 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/04/1988** 3a. Date of Last Report **02/04/1994**  
4. FEI Number **59-1533600** Applied For Not Applicable  
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

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  
24. Zip Country 29. Zip Country

9. Name and Address of Current Registered Agent  
**FRASCA, MARIE  
1710 MCKINLEY ST, APT. 12  
HOLLYWOOD FL 33020**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>FRASCA, MARIE</b>
STREET ADDRESS	<b>1710 MCKINLEY ST, APT 12</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>
TITLE	<b>V</b>
NAME	<b>BAUER, MARIE</b>
STREET ADDRESS	<b>1710 MCKINLEY ST, APT 3</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>
TITLE	<b>ST</b>
NAME	<b>BURKHART, INEZ</b>
STREET ADDRESS	<b>1410 SCOTT ST</b>
CITY - ST - ZIP	<b>HOLLYWOOD, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>LAMB, LOIS</b>
STREET ADDRESS	<b>1710 MCKINLEY ST, APT 18</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>
TITLE	<b>D</b>
NAME	<b>VONDY, HALINA</b>
STREET ADDRESS	<b>1710 MCKINLEY ST, APT 6</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>
TITLE	<b>D</b>
NAME	<b>ROSETTE, JULIE</b>
STREET ADDRESS	<b>1710 MCKINLEY, APT 15</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VICE PRES</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PETER BEER</b>	
2.3 STREET ADDRESS	<b>1710 MCKINLEY</b>	
2.4 CITY - ST - ZIP		
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>RAYMOND RAMSEY</b>	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>LAURENCE LAMIB</b>	
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>TEX CAIVANA</b>	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Peter A. Beer* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #