

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 714714 (3)
1. Corporation Name

CORNET CHATEAU CONDOMINIUM, INC.



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

3. Date Incorporated or Qualified: 06/04/1968
3a. Date of Last Report: 04/21/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1533600	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State		<input type="checkbox"/>	
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country		Country		<input type="checkbox"/>	
24	25	29	30	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRASCA, MARIE 1710 MCKINLEY ST, APT. 12 HOLLYWOOD FL 33020				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP DIR	<input type="checkbox"/> DELETE	1.1 TITLE	DIR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FRASCA, MARIE		1.2 NAME	MARIE FRASCA			
STREET ADDRESS	1710 MCKINLEY ST, APT 12		1.3 STREET ADDRESS	1710 McKinley St #12			
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	Hwd Fl			
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BERRY, PETER		2.2 NAME				
STREET ADDRESS	1710 MCKINLEY		2.3 STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RAMSEY, RAYMOND		3.2 NAME	BILL BAUER			
STREET ADDRESS	1410 SCOTT ST		3.3 STREET ADDRESS	1710 McKinley St #3			
CITY-ST-ZIP	HOLLYWOOD, FL 33000		3.4 CITY-ST-ZIP	Hwd Fl			
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LAMB, LAURENCE		4.2 NAME				
STREET ADDRESS	1710 MCKINLEY ST, APT 18		4.3 STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	5	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CAYANA, TEX		5.2 NAME	LOIS LAMB			
STREET ADDRESS	1710 MCKINLEY ST, APT 6		5.3 STREET ADDRESS	1710 McKinley St #18			
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROSETTE, JULIE		6.2 NAME	HELENA YONDY			
STREET ADDRESS	1710 MCKINLEY, APT 15		6.3 STREET ADDRESS	1710 McKinley St #6			
CITY-ST-ZIP	HOLLYWOOD FL		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)(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: Peter A. Benz Date: Jan 23, 1996 Daytime Phone #: 925-9384

CR2E037 (12/95)