

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90125 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715574

1. Corporation Name
ADMIRAL TOWERS CONDOMINIUM, INC.

Principal Place of Business 1020 MERIDIAN AVE. #10 MIAMI MANAGEMENT INC. MIAMI BEACH FL 33139 14275 SW 142 AVE MIAMI FL 33186	Mailing Address 1020 MERIDIAN AVE. #10 MIAMI MANAGEMENT INC. MIAMI BEACH FL 33139 14275 SW 142 AVE MIAMI, FL 33186
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471021-90053-34



2. Principal Place of Business 21 Miami Management Inc. Suite, Apt. #, etc. 14275 SW 142 AVE City & State 23 Miami FL. Zip 24 33186 Country 25 USA	2a. Mailing Address 26 Miami Management Inc. Suite, Apt. #, etc. 14275 SW 142 AVE City & State 28 Miami FL. Zip 29 33186 Country 30 USA	3. Date Incorporated or Qualified 11/15/1968 4. FEI Number 59-1280325 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
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9. Name and Address of Current Registered Agent HANSEN, RICHARD A 1020 MERIDIAN AVE. #613 MIAMI BEACH FL 33139	10. Name and Address of New Registered Agent 81 Name BRET CLEMONS 82 Street Address (P.O. Box Number is Not Acceptable) 1020 MERIDIAN AVE #613 83 84 City Miami Beach FL 85 Zip Code 33139
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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: Bret Clemons Treasurer for Admiral Towers
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	CLEMONS, BRET <input checked="" type="checkbox"/> DELETE	1. TITLE TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS	1020 MERIDIAN AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANSEN, RICK	2.2 NAME LYSE SUSSKIND	
STREET ADDRESS	1020 MERIDIAN AVE	2.3 STREET ADDRESS 1020 MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP MIAMI BEACH, FL	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BLOCH, LARRY	3.2 NAME LYSE SUSSKIND	
STREET ADDRESS	1020 MERIDIAN AVE #309	3.3 STREET ADDRESS 1020 MERIDIAN AVE #714	
CITY-ST-ZIP	MIAMI BEACH FL 33139	3.4 CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		4.2 NAME CLEMONS, BRET	
STREET ADDRESS		4.3 STREET ADDRESS 1020 MERIDIAN AVE #613	
CITY-ST-ZIP		4.4 CITY-ST-ZIP MIAMI BEACH, FL 33139	
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: Bret Clemons Treasurer
 Signature and typed or printed name of signing officer or director Date: 2/17/99 Daytime Phone #

CR2E037 (1/198)