

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 # 716074 (0)

1. Corporation Name
TELSTAR CONDOMINIUM, INC.



Principal Place of Business: 1811 JEFFERSON STREET HOLLYWOOD FL 33020
Mailing Address: 1811 JEFFERSON STREET HOLLYWOOD FL 33020

3. Date Incorporated or Qualified: 02/18/1969
3a. Date of Last Report: 06/12/1995
4. FEI Number: 59-1364959
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
SERRURRIER, ALAIN
1811 JEFFERSON STREET
APARTMENT 210
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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	
TITLE: PD NAME: SERRURRIER, ALAIN STREET ADDRESS: 1811 JEFFERSON ST -- APT. 210 CITY-ST-ZIP: HOLLYWOOD FL	<input type="checkbox"/> DELETE
TITLE: VD NAME: LACASSEE, ANDRE STREET ADDRESS: 1811 JEFFERSON ST., APT. 807 CITY-ST-ZIP: HOLLYWOOD FL	<input type="checkbox"/> DELETE
TITLE: SD NAME: DENHAM, MARY STREET ADDRESS: 1811 JEFFERSON STREET, APT. #710 CITY-ST-ZIP: HOLLYWOOD FL	<input checked="" type="checkbox"/> DELETE
TITLE: TD NAME: KROPINAK, ANN STREET ADDRESS: 1811 JEFFERSON STREET, APT. #703 CITY-ST-ZIP: HOLLYWOOD FL	<input type="checkbox"/> DELETE
TITLE: D NAME: REINKE, DENNIS STREET ADDRESS: 1811 JEFFERSON ST., APT 709 CITY-ST-ZIP: HOLLYWOOD FL	<input checked="" type="checkbox"/> DELETE
TITLE: D NAME: RAMBO, THOMAS STREET ADDRESS: 1811 JEFFERSON STREET, APT 808 CITY-ST-ZIP: HOLLYWOOD FL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: _____ 1.2 NAME: _____ 1.3 STREET ADDRESS: _____ 1.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: _____ 2.2 NAME: _____ 2.3 STREET ADDRESS: _____ 2.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: SD 3.2 NAME: WATSON, MILDRED 3.3 STREET ADDRESS: 1811 JEFFERSON APT. 405 3.4 CITY-ST-ZIP: HOLLYWOOD, FL.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE: DIRECTOR 4.2 NAME: DENHAM, MARY 4.3 STREET ADDRESS: 1811 JEFFERSON APT. 710 4.4 CITY-ST-ZIP: HOLLYWOOD, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE: DIRECTOR 5.2 NAME: KENNEDY, GEORGE 5.3 STREET ADDRESS: 1811 JEFFERSON APT. 204 5.4 CITY-ST-ZIP: HOLLYWOOD, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE: DIRECTOR 6.2 NAME: CHALIFOUX, PHILIPPE 6.3 STREET ADDRESS: 1811 JEFFERSON APT. 307 6.4 CITY-ST-ZIP: HOLLYWOOD, FL.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Alain Serrurier - President FEBRUARY 23, 1996
ALAIN SERRURRIER Date: 854-923-6467 Daytime Phone #

CR2E037 (12/95)