

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 717039 (2)

1. Corporation Name
LAUDERDALE OAKS CONDOMINIUM II, INC.



Principal Place of Business: 3071 - 3081 N.W. 47 TERRACE LAUDERDALE LAKES FL 33313
Mailing Address: 3071 - 3081 N.W. 47 TERRACE LAUDERDALE LAKES FL 33313

3. Date Incorporated or Qualified: 08/20/1969
3a. Date of Last Report: 02/14/1995

2. Principal Place of Business (21) 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)
City & State (23) City & State (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-1353511 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUPI, DANIEL BARBARA KALKANASIAN
3071 NW 47TH TERRACE
LAUDERDALE LAKES FL 33313

81 Name: WEINSTEIN, MARTHA
82 Street Address (P.O. Box Number is Not Acceptable): 3071 NW 47 TERRACE # 203
83
84 City: LAUDERDALE LAKES FL 85 Zip Code: 33313

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: *Barbara Kalkanasian* *Martha Weinstein* February 27, 1995
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: <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> DELETE	NAME: CRUPI, DANIEL
STREET ADDRESS: 3071 NW 47TH TERRACE	CITY-ST-ZIP: LAUDERDALE LAKES FL 33313
TITLE: V <input type="checkbox"/> DELETE	NAME: DACOSTA, ROY
STREET ADDRESS: 3071 NW 47 TERR	CITY-ST-ZIP: LAUDERDALE LAKES FL
TITLE: S <input type="checkbox"/> DELETE	NAME: WEINSTEIN, MARTHA
STREET ADDRESS: 3071 NW 47TH TERRACE	CITY-ST-ZIP: LAUDERDALE LAKES FL
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: LOWSKY, LOUIS
STREET ADDRESS: 3071 NW 47TH TERRACE	CITY-ST-ZIP: LAUDERDALE LAKES FL
TITLE: D <input type="checkbox"/> DELETE	NAME: BERKMAN, HENRIETTA
STREET ADDRESS: 3081 N W 47 TERRACE	CITY-ST-ZIP: LAUDERDALE LAKES FL
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: UDIN, SAM
STREET ADDRESS: 3081 NW 47TH TERRACE	CITY-ST-ZIP: LAUDERDALE LAKES FL

1.1 TITLE: <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: PRESIDENT
1.2 NAME: BARBARA KALKANASIAN	1.3 STREET ADDRESS: 3071 NW 47TH TER
1.4 CITY-ST-ZIP: LAUDERDALE LAKES, FL 33313	2.1 TITLE: DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: CANNAVA, VERA	2.3 STREET ADDRESS: 3081 NW 47 TERRACE # 310
2.4 CITY-ST-ZIP: LAUDERDALE LAKES FL 33313	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE: DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: PERSICO, LUIGI	4.3 STREET ADDRESS: 3071 NW 47 TERR # 108
4.4 CITY-ST-ZIP: LAUDERDALE LAKES FL 33313	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.3 STREET ADDRESS: 400001753764
5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.4 CITY-ST-ZIP: -03/22/96-01013-012
6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME: ***61.25
6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *MARTHA WEINSTEIN, Secy* *Martha Weinstein, Secy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 2/22/95 DAYTIME PHONE #: 186-2405

CR2E037 (12/95)

Handwritten initials and number 352796