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**Apr 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717197 (8)

1. Corporation Name
MAJORCA TOWERS CONDOMINIUM, INC.



Principal Place of Business 11930 NORTH BAYSHORE DRIVE N MIAMI FL 33181 US	Mailing Address 11930 NORTH BAYSHORE DRIVE N MIAMI FL 33181 US
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3. Date Incorporated or Qualified 09/12/1969	
4. FEI Number 59-1295138	Applied For <input type="checkbox"/> Not Applicable
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**SALUK, ARHTUR
11930 N BAYSHORE DR
APT. PH-9
MIAMI FL 33181**

10. Name and Address of New Registered Agent

81 Name ZYNKO, JOHN	
82 Street Address (P.O. Box Number is Not Acceptable) 11930 N. BAYSHORE DRIVE	
83 APT. 607	
84 City MIAMI, FL	85 Zip Code 33181

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 *Lee Pearlman* **LEE PEARLMAN, TREASURER** DATE **4/16/98**

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	PEARLMAN, LEE	
STREET ADDRESS	11930 N BAYSHORE DR	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SALUK, ARTHUR	
STREET ADDRESS	11930 N BAYSHORE DR	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BELL, DOLORES	
STREET ADDRESS	11930 N. BAYSHORE DR.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEYER, NORMAN	
STREET ADDRESS	11930 N. BAYSHORE DR.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COREY, LOIS	
STREET ADDRESS	11930 N BAYSHORE DR	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHEARS, FAYE	
STREET ADDRESS	11930 N. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ZYNKO, JOHN
2.3 STREET ADDRESS	11930 N. BAYSHORE DR.
2.4 CITY-ST-ZIP	N. MIAMI, FL 33181
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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 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.

SIGNATURE *Lee Pearlman* **LEE PEARLMAN, TREASURER** DATE **4/16/98** **305-993-5851**

CP2E037 (10/97)