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Apr 14, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 717197

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/12/1969	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1295138	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent  
ZYNKO, JOHN  
11930 N BAYSHORE DR  
APT 607  
MIAMI FL 33181

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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 *John Zynko* (NOTE: Registered Agent signature required when reinstating) DATE 4/5/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARLMAN, LEE	1.2 NAME	
STREET ADDRESS	11930 N BAYSHORE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZYNKO, JOHN	2.2 NAME	
STREET ADDRESS	11930 N BAYSHORE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL 33181	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, DOLORES	3.2 NAME	
STREET ADDRESS	11930 N. BAYSHORE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, NORMAN	4.2 NAME	
STREET ADDRESS	11930 N. BAYSHORE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COREY, LOIS	5.2 NAME	
STREET ADDRESS	11930 N BAYSHORE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEARS, FAYE	6.2 NAME	
STREET ADDRESS	11930 N. BAYSHORE DR.	6.3 STREET ADDRESS	NATLAND, BETH
CITY-ST-ZIP	MIAMI, FL 00000	6.4 CITY-ST-ZIP	11930 N. BAYSHORE DR. N. MIAMI, FL 33181

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: *John Zynko* SIGNATURE REQUIRED DATE 4/5/99 DAYTIME PHONE # 305 893-5851

CR2E037-(1/198)