

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 718211 (6)

1. Corporation Name
MELALEUCA GARDENS CONDOMINIUM, INC.



Principal Place of Business C/O PHILIP J. POUKISH 5141 W OAKLAND PK BLVD LAUDERDALE LAKES FL 33313	Mailing Address C/O PHILIP J. POUKISH 5141 W OAKLAND PK BLVD LAUDERDALE LAKES FL 33313
--	--

3. Date Incorporated or Qualified 03/17/1970	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1372747	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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 LAUDERDALE LKS	2a. Mailing Address 26 5141 W OAKLAND PK BLVD
Suite, Apt. #, etc. 22 M201	Suite, Apt. #, etc. 27 M201
City & State 23 LAUDERDALE LKS	City & State 28 LAUDERDALE LKS
Zip 24 33313	Country 25 USA
Country 29 33313	Country 30 USA

9. Name and Address of Current Registered Agent

**POUKISH, PHILIP J.
5141 W. OAKLAND PK BLVD
LAUDERDALE LAKES FL 33313**

10. Name and Address of New Registered Agent

81 Name IRVING WEITZ
82 Street Address (P.O. Box Number is Not Acceptable) 5141 W OAKLAND PK BLVD
83
84 City LAUDERDALE LKS
85 Zip Code FL 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: **IRVING WEITZ** (Signature, typed or printed name of registered agent and title if applicable.)
 Signature: **Irving Weitz** (NOTE: Registered Agent signature required when reinstating)
 DATE: **1/9/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEITZ, SELMA		1.2 NAME	
STREET ADDRESS 5141 W. OAKLAND PARK BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERDALE LKS, FL 00000		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GLASSER, GEROGE		2.2 NAME	
STREET ADDRESS 5141 W OAKLAND PK BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERDALE LAKE FL		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GETZLEK, IRENE		3.2 NAME	
STREET ADDRESS 514 1 O. P. B.		3.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERDALE FL		3.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEITZ, IRVING		4.2 NAME	
STREET ADDRESS 5141 O.P.B		4.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERDALE LAKES, F00000		4.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FEUERSTEIN, EDWARD		5.2 NAME	
STREET ADDRESS 5141 W OAKLAND PK BLVD		5.3 STREET ADDRESS 5141 W OAKLAND PK BLVD	
CITY-ST-ZIP LAUDERDALE LKS, FL 00000		5.4 CITY-ST-ZIP LAUDERDALE LKS FL 33313	
TITLE VP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBINSON, W.M.		6.2 NAME	
STREET ADDRESS 5141 W. OAKLAND PK.BLVD.		6.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERDALE LKS. FL		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 as an attachment with an address.

SIGNATURE: **Irving Weitz** (Signature)
 Signature: **Irving Weitz**
 DATE: **1/9/98**
 486-2906

CR2E037 (10/97)