

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 # 721715 (1)

1. Corporation Name

MEADOWBROOK TOWERS CONDOMINIUM "J", INC.



Principal Place of Business

Mailing Address

300 N E 12TH AVE
HALLANDALE FL 33009

300 N E 12TH AVE
HALLANDALE FL 33009

3. Date Incorporated or Qualified
09/16/1971

3a. Date of Last Report
02/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-1365557

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

BRENNER, SUSAN
300 NE 12 AVE.
HALLANDALE FL 33009

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

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

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: AT DELETE
NAME: MCCARTY, JAMES
STREET ADDRESS: 300 N E 12TH AVE.
CITY-STATE-ZIP: HALLANDALE, FL 33009

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-STATE-ZIP:

TITLE: VD DELETE
NAME: WINTER, PHILIP
STREET ADDRESS: 300 NE 12TH AVE.
CITY-STATE-ZIP: HALLANDALE, FL 33009

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY-STATE-ZIP:

TITLE: SD DELETE
NAME: BRENNER, SUSAN
STREET ADDRESS: 300 NE 12TH AVENUE
CITY-STATE-ZIP: HALLANDALE, FL 33009

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-STATE-ZIP:

TITLE: TD DELETE
NAME: KAPLAN, GERTRUDE
STREET ADDRESS: 300 NE 12TH AVENUE
CITY-STATE-ZIP: HALLANDALE, FL 33009

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY-STATE-ZIP:

TITLE: PD DELETE
NAME: AARON, SYLVIA
STREET ADDRESS: 300 NE 12TH AVE
CITY-STATE-ZIP: HALLANDALE FL

51 TITLE: Change Addition
52 NAME: PD
53 STREET ADDRESS: LOOS, ELEANOR
54 CITY-STATE-ZIP: 300 NE 12TH AVE. 33009

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY-STATE-ZIP:

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: *Susan Brenner* SUSAN BRENNER, SD 1/31/96 954-454-5548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)