

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 723153 (3)
1. Corporation Name
QUADOMAIN CONDOMINIUM ASSOCIATION INC.



Principal Place of Business: 2201 S OCEAN DRIVE HOLLYWOOD FL 33019
Mailing Address: 2201 S OCEAN DRIVE HOLLYWOOD FL 33019

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/12/1972	3a. Date of Last Report 03/23/1995
21		26		4. FEI Number 59-1486802	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ACIEGO, JONI 2201 SOUTH OCEAN DRIVE HOLLYWOOD FL 33019				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COMEAX, CAROL	1.2 NAME	Hartman, Ronnie
STREET ADDRESS	2101 S. OCEAN DR., #1603	1.3 STREET ADDRESS	2101 S. Ocean Dr. # 2203
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKOWITZ, BERNARD	2.2 NAME	Markowitz, Bernard
STREET ADDRESS	2101 S. OCEAN DRIVE, #1001	2.3 STREET ADDRESS	2101 S. Ocean Drive # 1001
CITY-ST-ZIP	HOLLYWOOD, FL 00000	2.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VECCHI, LUIGI	3.2 NAME	Frank, AL
STREET ADDRESS	2201 S. OCEAN DRIVE, #1403	3.3 STREET ADDRESS	2201 S. Ocean Drive #508
CITY-ST-ZIP	HOLLYWOOD, FL 00000	3.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENZWEIG, ALEX	4.2 NAME	Rosenzweig, Alex
STREET ADDRESS	2101 S. OCEAN DRIVE, #2005	4.3 STREET ADDRESS	2101 S. Ocean Drive #2005
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBLITT, MAC	5.2 NAME	Rosenblitt, Mac
STREET ADDRESS	2201 S. OCEAN DRIVE, #403	5.3 STREET ADDRESS	2201 S. Ocean Dr. # 403
CITY-ST-ZIP	HOLLYWOOD, FL 00000	5.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	EISEMAN, RUBY	6.2 NAME	
STREET ADDRESS	2201 S. OCEAN DRIVE, #803	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	6.4 CITY-ST-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: _____ DATE: April 24, 1996 DAYTIME PHONE: 954-921-8902

CR2E037 (12/95)