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SECRETARY OF STATE TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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 33019-2539

3. Date Incorporated or Qualified 04/12/1972 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country 25 26 Mailing Address 27 Suite, Apt. #, etc 28 City & State 29 Zip 30 Country 31 Applied For Not Applicable 32 Certificate of Status Desired \$8.75 Additional Fee Required 33 Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 34 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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names like COMEAUX, CAROL; MARKOWITZ, BERNARD; FRANK, AL; ROSENZWEIG, ALEX; ROSENBLITT, MAC; EISEMAN, RUBY. Includes handwritten notes and signatures.

14. I do 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: [Signature] 1-17-97 954-921-8902 DATE Daytime Phone # 0023441

CR2E037 (9/96)