


**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90133 047 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 723153**

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
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2. Principal Place of Business	2a. Mailing Address	3. Data Incorporated or Qualified 04/12/1972
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1486802
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	30. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MAY, JONI 2201 SOUTH OCEAN DRIVE HOLLYWOOD FL 33019		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	ROSENBLITT, MAC	1.2 NAME	Irwin Oster
STREET ADDRESS	2201 S OCEAN DR 403	1.3 STREET ADDRESS	2201 S. Ocean Dr. # 2607
CITY-ST-ZIP	HOLLYWOOD FL 33019	1.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE	VP	2.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	NEWMAN, LOUIS	2.2 NAME	Al Siegel
STREET ADDRESS	2201 S OCEAN DR 2606	2.3 STREET ADDRESS	2201 South Ocean Dr. #2003
CITY-ST-ZIP	HOLLYWOOD FL 33019	2.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE	S	3.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	ROSENZWEIG, ALEX	3.2 NAME	Frances Batchelder
STREET ADDRESS	2101 SOUTH OCEAN DR 2005	3.3 STREET ADDRESS	2101 S. Ocean Dr. #701
CITY-ST-ZIP	HOLLYWOOD FL 33019	3.4 CITY-ST-ZIP	Hollywood, FL
TITLE	T	4.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	FRIEDMAN, NETTIE	4.2 NAME	Governor-Director
STREET ADDRESS	2101 S OCEAN DR 2001	4.3 STREET ADDRESS	Mac Rosenblitt
CITY-ST-ZIP	HOLLYWOOD FL 33019	4.4 CITY-ST-ZIP	2201 S. Ocean Dr. Hollywood, FL
TITLE	D	5.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	GLICKMAN, MURRAY	5.2 NAME	Treas. Murray Glickman
STREET ADDRESS	2101 S OCEAN DR 2507	5.3 STREET ADDRESS	2101 S. Ocean Dr. #2507
CITY-ST-ZIP	HOLLYWOOD, FL 00000 33019	5.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE	D	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	KANTOR, BEA	6.2 NAME	
STREET ADDRESS	2201 S OCEAN DR 2806	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	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 trustee 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: Irwin L. Oster Date: 1-28-99 Daytime Phone #: 954-921-8902

CR2E037 (1/98)