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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **724524** (4)
1. Corporation Name
HABITAT II CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
5851 NW 21ST STREET LAUDERHILL FL 33313 US	5851 NW 21ST STREET LAUDERHILL FL 33313 US

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

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3. Date Incorporated or Qualified	10/11/1972
4. FEI Number	59-1504769
Applied For	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 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 type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORRADO, TERESE 5851 NW 21ST STREET LAUDERHILL FL 33313	81. Name CANCIL, MARVIN 82. Street Address (P.O. Box Number is Not Acceptable) 2208 N.W. 59th TERRACE 83. 84. City LAUDERHILL 85. Zip Code FL 33311

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]* DATE **2-17-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVLIN, ELIZABETH	1.2 NAME	CANCIL, MARVIN
STREET ADDRESS	5950 N.W. 21ST STREET	1.3 STREET ADDRESS	2208 N.W. 59th Terrace
CITY-ST-ZIP	LAUDERHILL FL 33313	1.4 CITY-ST-ZIP	Lauderhill, FL. 33313
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P	2.2 NAME	VP/T/D
STREET ADDRESS	CORRADO, TERESA	2.3 STREET ADDRESS	SCHNEIDER, HAROLD
CITY-ST-ZIP	5851 NW 21ST STREET LAUDERHILL FL 33313	2.4 CITY-ST-ZIP	3191 N.W. 94th Terrace Sunrise, FL. 33351
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S	3.2 NAME	BERKHEIMER, EDWARD
STREET ADDRESS	ROCCO, RICHARD	3.3 STREET ADDRESS	6047 Kimberly Blvd. #N
CITY-ST-ZIP	5826 NW 21ST STREET LAUDERHILL FL 33313	3.4 CITY-ST-ZIP	N. Lauderdale, FL. 33068
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	4.2 NAME	BROWN, PAUL
STREET ADDRESS	TRUE, NOEL	4.3 STREET ADDRESS	2103 N.W. 59th Terrace
CITY-ST-ZIP	5818 NW 21ST STREET LAUDERHILL FL 33313	4.4 CITY-ST-ZIP	Lauderhill, FL. 33313
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	5.2 NAME	
STREET ADDRESS	CARTER, JOY R	5.3 STREET ADDRESS	
CITY-ST-ZIP	5965 NW 21ST STREET LAUDERHILL FL 33313	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	6.2 NAME	
STREET ADDRESS	GLORIA,	6.3 STREET ADDRESS	
CITY-ST-ZIP	2019 NW 59TH TERRACE LAUDERHILL FL 33313	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 on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2-17-98** 954 973-1311