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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 725300

(8)

1. Corporation Name

LORRAINE CONDOMINIUM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
410 SOUTHEAST 4TH AVENUE HALLANDALE FL 33009
410 SOUTHEAST 4TH AVENUE HALLANDALE FL 33009

3. Date Incorporated or Qualified 01/17/1973
3a. Date of Last Report 07/26/1994
4. FEI Number 59-1648561
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MANNO, JOAN M.
2500 EAST HALLANDALE BEACH BLVD., STE. 319
HALLANDALE FL 33009

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 000001464830
-04/26/95--01025--014
84 City *****130.00 FL *****238000

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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
TITLE P
NAME CABANA, MARY
STREET ADDRESS 410 SE 4 AVE #9
CITY-ST-ZIP HALLANDALE FL
TITLE VP
NAME SADOWSKI, HANK
STREET ADDRESS 410 SE 4 AVE #3
CITY-ST-ZIP HALLANDALE FL
TITLE ST
NAME KARCH, MARTIN
STREET ADDRESS 410 SE 4 AVE #4
CITY-ST-ZIP HALLANDALE, FL 00000
TITLE D
NAME CLIFTON, GEORGE
STREET ADDRESS 410 SE 4 AVE #5
CITY-ST-ZIP HALLANDALE FL
TITLE D
NAME SCHWINGE, RUTH
STREET ADDRESS 410 SE 4 AVE #2
CITY-ST-ZIP HALLANDALE FL
TITLE D
NAME DIMETRO, NORMA
STREET ADDRESS 410 SE 4 AVE #8
CITY-ST-ZIP HALLANDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P Change Addition
1.2 NAME JACKLYN VAN WAGNER
1.3 STREET ADDRESS 410 SE 4 AVE #9
1.4 CITY-ST-ZIP HALLANDALE, FL
2.1 TITLE VP Change Addition
2.2 NAME
2.3 STREET ADDRESS SAME
2.4 CITY-ST-ZIP
3.1 TITLE ST Change Addition
3.2 NAME
3.3 STREET ADDRESS SAME
3.4 CITY-ST-ZIP
4.1 TITLE D Change Addition
4.2 NAME
4.3 STREET ADDRESS SAME
4.4 CITY-ST-ZIP
5.1 TITLE D Change Addition
5.2 NAME
5.3 STREET ADDRESS SAME
5.4 CITY-ST-ZIP
6.1 TITLE D Change Addition
6.2 NAME
6.3 STREET ADDRESS SAME
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 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *[Signature]* SEC/TREAS 4/9/95 (305) 963-3962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (this) (Official Phone #) PA 4-2445