

FILE NOW: FILING FEE IS \$61.25

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**Feb 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725300 (8)
1. Corporation Name
LORRAINE CONDOMINIUM, INC.



Principal Place of Business 410 SOUTHEAST 4TH AVENUE HALLANDALE FL 33009	Mailing Address 410 SOUTHEAST 4TH AVENUE HALLANDALE FL 33009
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3. Date Incorporated or Qualified 01/17/1973		
4. FEI Number 59-1648561	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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		

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. Country
24. Zip	25. Country
29. Zip	30. Country

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.	
84. City	85. Zip Code

FL

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	VAN WAGNER, JACKLYN	
STREET ADDRESS	410 SE 4 AVE #9	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CANATSELOS, CHARLIE	
STREET ADDRESS	410 SE 4TH AVE #7	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KARCH, MARTIN	
STREET ADDRESS	410 SE 4 AVE #4	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLIFTON, GEORGE	
STREET ADDRESS	410 SE 4 AVE #5	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWINGE, RUTH	
STREET ADDRESS	410 SE 4 AVE #2	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIVIETRO, 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VAN WAGNER JACKLYN	
1.3 STREET ADDRESS	410 SE 4 AVE #7	
1.4 CITY-ST-ZIP	HALLANDALE FL 33009	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CLIFTON GEORGE	
2.3 STREET ADDRESS	410 SE 4TH AVE #5	
2.4 CITY-ST-ZIP	HALLANDALE FL 33009	
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CANATSELOS CHARLES	
3.3 STREET ADDRESS	410 SE 4th AVE #7	
3.4 CITY-ST-ZIP	HALLANDALE FL 33009	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WINDRICE PIERRETTE	
4.3 STREET ADDRESS	410 SE 4th AVE #4	
4.4 CITY-ST-ZIP	HALLANDALE FL 83009	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SCHWINGE RUTH	
5.3 STREET ADDRESS	410 SE 4th AVE #2	
5.4 CITY-ST-ZIP	HALLANDALE FL 33009	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DIVIETRO NORMA	
6.3 STREET ADDRESS	410 SE 4th AVE #8	
6.4 CITY-ST-ZIP	HALLANDALE FL 33009	

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: *Charles G. Canatselos* **CHARLES G. CANATSELOS 1-9-98 954-454-2041**

CR2E037 (10/97)