


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725300

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 01/17/1973	4. FEI Number 59-1648561 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
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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	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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN WAGNER, JACKLYN	1.2 NAME	
STREET ADDRESS	410 SE 4TH AVE #7	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANATSELOS, CHARLIE	2.2 NAME	
STREET ADDRESS	410 SE 4TH AVE #7	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDRICE WILDRICE PIERRETTE	3.2 NAME	
STREET ADDRESS	410 SE 4 AVE #4	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFTON, GEORGE	4.2 NAME	
STREET ADDRESS	410 SE 4 AVE #5	4.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWINGE, RUTH	5.2 NAME	
STREET ADDRESS	410 SE 4 AVE #2	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIVETRO, NORMA	6.2 NAME	
STREET ADDRESS	410 SE 4 AVE #8	6.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	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, with all other like empowered.

SIGNATURE: Charles B. C... Jan 3, 1999 454-2041

CRZE037 (1/98)