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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725806

1. Corporation Name

JOE RON NORTH CONDOMINIUM, INC.

Principal Place of Business

2633 PIERCE STREET
HOLLYWOOD FL 33020

Mailing Address

2633 PIERCE STREET
HOLLYWOOD FL 33020



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/13/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1548965	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HORULKO, ALEX 2633 PIERCE ST #105 HOLLYWOOD FL 33020				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PEREIRA, JUVENCIO	1.2 NAME	
STREET ADDRESS	2633 PIERCE ST, UNIT 101	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000 33020	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACALUSO, RICHARD	2.2 NAME	
STREET ADDRESS	2633 PIERCE ST., #108	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD; FL 00000	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORULKO, ALEX	3.2 NAME	
STREET ADDRESS	2633 PIERCE ST, #105	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLAPIETRO, GERTRUDE	4.2 NAME	
STREET ADDRESS	2633 PIERCE ST., #104	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREIRA, ANNA	5.2 NAME	
STREET ADDRESS	2633 PIERCE ST., #101	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Alex Horulko DATE: 2-23-99 DAYTIME PHONE: 954-920-3187

CR2E037 (11/98)