

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 726149 (8)**

1. Corporation Name  
**VENICE ISLE TOWER ASSOCIATION INC**



Principal Place of Business: **155 ISLE OF VENICE FORT LAUDERDALE FL 33301**  
 Mailing Address: **155 ISLE OF VENICE FORT LAUDERDALE FL 33301**

3. Date Incorporated or Qualified: **04/17/1973**  
 3a. Date of Last Report: **06/02/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		<b>59-1462050</b>	Not Applicable
22. Suite, Apt., etc. <b>300</b>	27. Suite, Apt., etc. <b>300</b>	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BECKER &amp; POLIAKOFF PA 3111 STIRLING RD FT LAUDERDALE FL 33312</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b> 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	PD MULIOLIS, RONALD 155 ISLE OF VENICE #301 FT LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD WOOLSEY, SUSAN 155 ISLA OF VENICE 701 FORT LAUDERDALE L	<input type="checkbox"/> DELETE	1.2 NAME <b>TAMAR E. PALTROW</b>
STREET ADDRESS	VP BRANCHANSKY, JULIO 155 ISLE OF VENICE FT LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS <b>155 ISLE OF VENICE #601</b>
CITY-ST-ZIP	VP AMWAY, JOANN 155 ISLE OF VENICE 402 FORT LAUDERDALE FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33301</b>
	T BARROS, DOMINGO N 155 ISLE OF VENICE 501 FT LAUDERDALE FL	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	2.2 NAME <b>WOOLSEY, SUSAN</b>
		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	3.2 NAME
		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	4.2 NAME
		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	5.2 NAME <b>T.D. BARROS, DOMINGO N.</b>
		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	6.2 NAME <b>SD ROSA M. BARROS</b>
		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS <b>155 ISLE OF VENICE #501</b>
		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33301</b>

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 119.07(3)(k), 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: Rosa M. Barros Rosa M. Barros 6/3/96 (954) 525-7152  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)