

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 726549 (9)**  
1. Corporation Name  
**OMEGA CONDOMINIUM NO. 8, INC.**



Principal Place of Business: **7500 N.W. 17TH STREET PLANTATION FL 33313-2174**  
Mailing Address: **7500 N.W. 17TH STREET PLANTATION FL 33313-2174**

3. Date Incorporated or Qualified: **05/30/1973**  
3a. Date of Last Report: **02/06/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		<b>59-1559708</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BERGMAN, A.C., CPA</b> <b>7515 W. OAKLAND PARK BLVD.</b> <b>LAUDERHILL FL 33319</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	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	<b>PD</b>	<input type="checkbox"/> DELETE		11 TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>PERLSTEIN, BENJAMIN</b>			12 NAME	<b>RUBENFAER, BENJAMIN</b>		
STREET ADDRESS	<b>7500 NW 17TH ST</b>			13 STREET ADDRESS	<b>7500 N.W. 17TH ST</b>		
CITY-ST-ZIP	<b>PLANTATION FL</b>			14 CITY-ST-ZIP	<b>PLANTATION FL</b>		
TITLE	<b>C</b>	<input checked="" type="checkbox"/> DELETE		21 TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>RABINOWITZ, EDWIN</b>			22 NAME	<b>MARTIN, SADIE</b>		
STREET ADDRESS	<b>7500 N.W. 17TH ST.</b>			23 STREET ADDRESS	<b>7500 N.W. 17TH ST</b>		
CITY-ST-ZIP	<b>PLANTATION FL</b>			24 CITY-ST-ZIP	<b>PLANTATION FL</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ROTHENBERG, JOSEPH</b>			32 NAME			
STREET ADDRESS	<b>7500 N.W. 17TH ST.</b>			33 STREET ADDRESS			
CITY-ST-ZIP	<b>PLANTATION FL</b>			34 CITY-ST-ZIP			
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>OPPENHEIMER, JOHN</b>			4.2 NAME			
STREET ADDRESS	<b>7500 N.W. 17TH ST.</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PLANTATION FL</b>			4.4 CITY-ST-ZIP			
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ROSENWEEET, LAWRENCE</b>			5.2 NAME			
STREET ADDRESS	<b>7500 NW 17TH STREET</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PLANTATION, FL 00000</b>			5.4 CITY-ST-ZIP			
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SILVERMAN, CEILLA</b>			6.2 NAME			
STREET ADDRESS	<b>7500 N W 17TH STREET</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PLANTATION FL</b>			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 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: John Oppenheimer **JOHN OPPENHEIMER** TREASURER/DIRECTOR 2/9/96 **954-581-2533**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)