

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33313-5174
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/30/1973	3a. Date of Last Report 02/14/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1559708	Applied For <input type="checkbox"/> 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	30. 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	
BERGMAN, A.C., CPA 7515 W. OAKLAND PARK BLVD. LAUDERHILL FL 33319		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. State	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERLSTEIN, BENJAMIN	1.2 NAME	J.P. Genny RUBENFAER
STREET ADDRESS	7500 NW 17TH ST	1.3 STREET ADDRESS	7500 N.W. 17TH ST.
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	PLANTATION, FL. 33313
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, SADIE	2.2 NAME	PEARL GOLDWERTY
STREET ADDRESS	7500 NW 17TH STREET	2.3 STREET ADDRESS	7500 N.W. 17TH ST.
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHENBERG, JOSEPH	3.2 NAME	
STREET ADDRESS	7500 N.W. 17TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPPENHEIMER, JOHN	4.2 NAME	
STREET ADDRESS	7500 N.W. 17TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROESWEET, LAWRENCE	5.2 NAME	
STREET ADDRESS	7500 NW 17TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 00000	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, CEILLA	6.2 NAME	
STREET ADDRESS	7500 N W 17TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	6.4 CITY-ST-ZIP	

14. I do 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 _____ *Benjamin Rubenfaer* 3/10/97

CR2E037 (9/96)