FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED				
Feb 06 1998	8:00am			
Secretary o	of State			

Corporation	MEN # 72706) (6)		
OLYMPIC TOWER ASSOCIATION, INC.				
OL 1 till	10 TOTALIT ADDODIATION,	1110		. 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881
Duly six of Disc	f fi wis	Neolis - Address		
Principal Plac	e of Business	Mailing Address		
920 NE 169TH		920 NE 169TH ST	00100	3- Date Incorporated or Qualified
NORTH MIAMI	BEACH FL 33162	NORTH MIAM! BEACH FL	33162	07/27/1973
				4. FEI Number Applied For
2. Principal P	lace of Business	2a. Mailing Address		59-1788309 Not Applicable
21 26			5. Certificate of Status Desired Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
22 27			Trust Fund Contribution Added to Fees	
City & Stat	e	City & State		7. Is this nonprofit corporation a homeowners association?
Z ip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Currer	t Registered Agent		10. Name and Address of New Registered Agent
			81 Name	
	Y, BERYL		82 Street	Address (P.O. Box Number is Not Acceptable)
920 NE			83	
N. MIAM	I BEACH FL 33162			
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statut	es, the above-named	corporation submits this statement for the purpose of changing its registered
office or r agent. La	egistered agent, or both, in the State m temiliar with, and accept the oblig	of Florida. Such change was a strops of, Section 617.0593, Fig	authorized by the corp origa Statutes.	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	195KYL 1/1	<i>/2/\</i> >/_}^	MES. I	- July Hound O / / / / D
12.	Signature, typed or priglod name of rogistered age OFFICERS AN		E: Registered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHWAB, IDA		1.2 NAME	
STREET ADDRESS	920 N E 169 ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH, FL 00000		1,4 CITY-ST-ZIP	
TITLE	VD	DELETE	2.1 TITLE	Change Addition
NAME	Lowenstein, ernest 920 ne 169 st.		2.2 NAME	
STREET ADDRESS CITY-ST-ZIP	N MIAMI BCH FL		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	Change Addition
NAME	BRANDWEIN. HELEN		3.2 NAME	- · -
STREET ADDRESS	920 NE 169TH ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL		3.4. CITY-ST-ZIP	
TITLE	PD	DELETÉ	4.1 TITLE	Change Addition
NAME	VILINSKY, BERYL		4. 2 NAME	j
STREET ADDRESS	920 NE 169TH ST		4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	N MIAMI BCH FL VD	M DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	VD Addition
NAME	JARIN, DR I J		5.2 NAME	
STREET ADDRESS	920 NE 169 ST		5.3 SYREET ADDRESS	FINE, HARVEY 920 N.E. 169 ST.
CITY-ST-ZIP	N MIAMI BCH FL		5.4 City-ST-ZIP	N. MIAMI BEACH FL
TITLE	D	DELETE	6.1 TITLE	Change Addition
NAME	PERLMAN, JOSEPH		6.2 NAME	ţ
STREET ADDRESS	920 NE 169 ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	th this filing does not qualify for	6.4 CITY+ST-ZIP	d in Section 119.07(3)(i), Fiorida Statutes, I further certify that the information
indicatéd	on this annual report or supplementa	I annual report is true and acc	urate and that my sign	on Section 1:07(5)(f), Fiorida Statutes, 1 iditier certify that the information in the shall have the same legal effect as if made under cath; that I am an required by Chapter 617, Florida Statutes; and that my name appears in