## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	CEAN DRIVE CONDOMIN	` '				 	) <b>8</b> 303 <b>8</b> 1813 <b>8</b>	iðu þján þján	<b>8</b> 1833 81811 38881
Principal Place	of Business	Mailing Address							
Principal Place of Business  326 OCEAN DRIVE SUITE 1 MIAM! BEACH FL 33139		326 OCEAN DRIVE SUITE 1	326 OCEAN DRIVE			1 n			
WIRTHIN DERION	772 00100	Michael Dengit Le Det	•			3. Date Incorporated or Qualified 09/25/1973	3a. L	02/13/19 02/13/19	
2 Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	<u> </u>		Applied For
21		26	├── <b>┐</b> ॅ			65-0017066 Not Applicable			
Suite, Apt. :	#, etc.	Suite, Apt. #, etc. 27				5. Certificate of Status Desired	☑′	+	Additional Required
City & State	·	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zıp	Cour	Country		8. This corporation has liability for i			199.032,
24	25	29	30			Florida Statutes Yes Yo			
	9. Name and Address of Cu	irrent Registered Agent		81	Name	10. Name and Address of New R	egistered	Agent	
				ا'*	Name				
KRAFT ROBERT				82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
326 OCEAN DR.			83						
#1	EAOU EL 00400								
MIAMI B			84	City		FI	85 Zip	o Code	
or register	to the provisions of Sections 617.6 ed agent, or both, in the State of th, and accept the obligations of,	Florida. Such change was author	ized by the c	ve-n	amed corpora pration's board	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of cl pintment a	anging its re s registered	agistered office agent. I am
···	Signature, typed or printed name of registered			Agent	t signature required		DATE	ID DIDLOTO	DO 181 40
12.				13.		ADDITIONS/CHANGES TO OFF	ICE HS AN	Change	Addition
NAME	Ur			2 NAME				☐ Ollange	
STREET ADDRESS	KRAFT, ROBERT 326 OCEAN DR. # 1		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL		4	1.4 CITY - ST - ZIP					
TITLE			_	21 TITLE				Change	Addition
NAME	EHRLICH, JOSEPH		2 2 NA		•				
STREET ADDRESS	326 OCEAN DR. #7		235		ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL		2 4 C	2 4 CHY-ST-ZIP					
TITLE			- 3 1 TI	3 1 TITLE				Change	Addition
NAME	CARR, HELEN			WE					
STREET ADDRESS	1000 II IEED TID		3.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	Detite			ST-7IP			Channe	☐ Addition	
TITLE				4.1 TITLE 4. 2 NAME				T CHARGE	☐ ₩aantiott
NAME STREET ADDRESS					ADDRESS				
	4.3 8								
CITY-ST-ZIP TITLE		DELETE	4.4 CI 5.1 TI		1-411			Change	☐ Addition
NAME			5.2 NA					_ ~	_
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CITY -						
TITLE				1 TITLE				Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET	ADDRESS				
CITY-ST-ZIP			640						17.7
III Ido harah	au certifu that the information clini	waa with this tiling is valuntarily fu	irnished and i	7.70	s not quality fo	or the exemption stated in Section 119.	LIZERONE) F	ionoa Statut	es I further

I do nereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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. 1-31-96 (30.5)5317283
Date Dayling Proper

SIGNATURE: 🗾

CR2E037 (12/95)