

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

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NONPROFIT CORPORATION ANNUAL REPORT

1997 & 1998



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

FILED

98 FEB 19 AM 8:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 727546 (4)
 1. Corporation Name
326 OCEAN DRIVE CONDOMINIUM, INC.



Principal Place of Business	Mailing Address
326 OCEAN DRIVE SUITE 1 MIAMI BEACH FL 33139	326 OCEAN DRIVE SUITE 1 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/25/1973	3a. Date of Last Report 03/04/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	28 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

4. FEI Number 65-0017066	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent
KRAFT ROBERT
326 OCEAN DR.
1
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KRAFT, ROBERT	
STREET ADDRESS	326 OCEAN DR. # 1	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	EHRlich, JOSEPH	
STREET ADDRESS	326 OCEAN DR. #7	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CARR, HELEN	
STREET ADDRESS	1599 I FIELD RD	
CITY-ST-ZIP	MISSISSAUGA ON	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KRAFT ROBERT	
1.3 STREET ADDRESS	326 OCEAN DR # 1	
1.4 CITY-ST-ZIP	MIAMI BEACH FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	100002439741--5	
2.3 STREET ADDRESS	-02/24/98--01109--001	
2.4 CITY-ST-ZIP	*****70.00 *****70.00	
3.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CARR HELEN	
3.3 STREET ADDRESS	1599 I FIELD RD.	
3.4 CITY-ST-ZIP	MISSISSAUGA ON.	
4.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WAKSZAOSKI DANUTA	
4.3 STREET ADDRESS	31 HALL BURTON AVE	
4.4 CITY-ST-ZIP	ETOBICOKE ON M9B 4V5	
5.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROZYCKI MARIAN	
5.3 STREET ADDRESS	3 TOWERING HTS BLV. APT # 807	
5.4 CITY-ST-ZIP	ST CATHARINS ON L2T 4A4	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SC 2-20-98	
6.3 STREET ADDRESS		
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 _____ SIGNATURE REQUIRED _____

CR2E037 (4/97)



2

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 25, 1997

326 OCEAN DRIVE CONDOMINIUM, INC.
326 OCEAN DRIVE
SUITE 1
MIAMI BEACH, FL 33139

SUBJECT: 326 OCEAN DRIVE CONDOMINIUM, INC.

DOCUMENT NUMBER: 727546

In compliance with the request on your 1997 Annual Report, the certificate of status for the subject corporation is enclosed.

Should you have any questions regarding this matter, please telephone (904) 488-9000.

Division of Corporations

Letter No. 997A00014845

Feb 16/98

As per above we have filed the 1997 Corporation Annual Report.

However it was incorrect.

We are now filing a correct CAR for 1997 and there is no charge for the 1998 CAR.

The correct cheque and a copy of the certificate are attached. A cheque for \$70.00 for the 1998 CAR fee is enclosed. Thank you

HOLLEN CARR President.