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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728015

1. Corporation Name
THE OLYMPUS ASSOCIATION, INC.

Principal Place of Business 500 THREE ISLANDS BLVD. HALLANDALE FL 33009	Mailing Address 500 THREE ISLANDS BLVD. HALLANDALE FL 33009
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/14/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1497116
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRAUN, MARK 500 3 ISLAND BLVD. HALLANDALE FL 33009		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS, PATRICIA	1.2 NAME	LEONARD MILLER
STREET ADDRESS	500 3 ISLAND BLVD	1.3 STREET ADDRESS	500 THREE ISLANDS BLVD.
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	HALLANDALE FL. 33009
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUPERFINE, EARL	2.2 NAME	JOSEPH NEBIA
STREET ADDRESS	500-3 ISLAND BLVD	2.3 STREET ADDRESS	2500 PARKVIEW DRIVE
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	HALLANDALE FL. 33009
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOROWITZ, LEO	3.2 NAME	IDA NIMETZ
STREET ADDRESS	600 3 ISLANDS BLVD	3.3 STREET ADDRESS	500 THREE ISLANDS BLVD.
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	HALLANDALE FL. 33009
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHERLINE, STUART	4.2 NAME	DAVID BARGENICHT
STREET ADDRESS	2500 PARKVIEW DR	4.3 STREET ADDRESS	2500 PARKVIEW DRIVE
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	HALLANDALE, FL. 33009
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLMAN, ELAINE	5.2 NAME	PEGGY SUKOFF
STREET ADDRESS	2500 PARKVIEW DR	5.3 STREET ADDRESS	500 THREE ISLANDS BLVD.
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	HALLANDALE, FL. 33009
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEON, LEE	6.2 NAME	MARTIN GREENBERG
STREET ADDRESS	600-3 ISLANDS BLVD	6.3 STREET ADDRESS	600 THREE ISLANDS BLVD.
CITY-ST-ZIP	HALLANDALE FL	6.4 CITY-ST-ZIP	HALLANDALE, FL. 33009

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 3/9/99 954-458-8886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)