


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 03 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 735271 (9)</b> 1. Corporation Name <b>THE WILSHIRE CONDOMINIUM ASSOCIATION, INC.</b>		



Principal Place of Business	Mailing Address
1250 NE MIAMI GARDENS DR. N MIAMI BCH. FL 33179-1704	1250 NE MIAMI GARDENS DR. N MIAMI BCH. FL 33179-1704

3. Date Incorporated or Qualified	03/15/1976
4. FEI Number	59-1673299
Applied For	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
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent
BECKER, POLIAKOFF & STREITFELD 3111 STIRLING RD. FT. LAUDERDALE FL 33312-3525

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 reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	DVP <input type="checkbox"/> DELETE
NAME	WALLACE, NORMAN
STREET ADDRESS	1250 NE MIAMI GRDNS DR
CITY-ST-ZIP	N MIAMI BCH FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	SCHNIEDERS, TOM
STREET ADDRESS	1250 NE MIAMI GRDNS DR
CITY-ST-ZIP	N MIAMI BCH FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	WULKAN, JACK
STREET ADDRESS	1250 NE MIAMI GRDNS DR
CITY-ST-ZIP	N MIAMI BCH FL
TITLE	T <input type="checkbox"/> DELETE
NAME	BENSON, NAOMI
STREET ADDRESS	1250 NE MIAMI GRDNS DR
CITY-ST-ZIP	N MIAMI BCH FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DP MELTZER, EVELYN
2.3 STREET ADDRESS	1250 NE MIAMI GRDNS DR
2.4 CITY-ST-ZIP	N MIAMI BEACH, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Naomi Benson **REQUIRED** 1/19/98 305-947-1418

CR2E037 (10/97)