I Received NO 1ST Notice.

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).

FILED
Jul 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 735295 (8)

1. Corporation Name
POINT EAST WORSHIPPERS, INC.
POINT EAST CONDOMINIUM

Principal Place of Business	Mailing Address
2859 LEONARD DR G 205 ~~N MIAMI BEACH FL~~ 33160 AVENTURA, FL. US	2859 LEONARD DR G 205 ~~N. MIAMI BEACH FL~~ 33160 AVENTURA FL. US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1976	3a. Date of Last Report: 01/26/1996
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)
4. FEI Number: 59-1679800 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

OSHEROFF, ELEANOR S
2859 LEONARD DR G 205
~~NO MIAMI BEACH, FL~~
~~N. MIAMI BEACH FL~~ 33160

WE ARE NOW PART OF AVENTURA, FLA
AVENTURA FL.

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 ELEANOR S. OSHEROFF Eleanor S. Osheroff, TREAS. DATE July 18, 1997
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 ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LESHNER, THEODORE	1.2 NAME	
STREET ADDRESS	2855 LEONARD DR. H 306	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~N. MIAMI BEACH FL~~ AVENTURA FLA.	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SHAMUS, PAULINE	2.2 NAME	
STREET ADDRESS	3000 MARCOS DR. P202	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~N. MIAMI BEACH FL~~ AVENTURA FLA.	2.4 CITY-ST-ZIP	
TITLE	DT ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	OSHEROFF, ELEANOR S. TREASURER	3.2 NAME	
STREET ADDRESS	2859 LEONARD DR G-205	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~N. MIAMI BEACH FL~~ AVENTURA, FLA.	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ABRAMS, MARGE	4.2 NAME	
STREET ADDRESS	3030 MARCOS DR. APT. 214	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~N MIAMI BEACH FL~~ AVENTURA FLA.	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	PE 7.24
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	200002251952 -07/30/97--01014--005 ***61.25
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (4/97)

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 Eleanor S. Osheroff DATE