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Mar 04 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 # 739240 (0)

1. Corporation Name
COLONIAL HOUSE CONDOMINIUM, INC.



Principal Place of Business: 1100 ATLANTIC SHORES BLVD. APT. 305 HALLANDALE FL 33009
Mailing Address: 1100 ATLANTIC SHORES BLVD. APT. 305 HALLANDALE FL 33009-2641

3. Date Incorporated or Qualified: 06/08/1977
3a. Date of Last Report: 06/26/1996
4. FEI Number: 59-1842134
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
DAMMYER, DANIEL L
5975 W SUNRISE BLVD
SUNRISE FL 33313

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: Registering Agent signature required when reinstalling) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VACCA, VINCENT	
STREET ADDRESS	P.O. BOX 3084 N/A	
CITY - ST - ZIP	HOLLYWOOD FL 33022	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SYLVESTER, ADOLPH	
STREET ADDRESS	1050 ATLANTIC SHORES	
CITY - ST - ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHEATMAN, NAT	
STREET ADDRESS	1050 ATLANTIC SHORES	
CITY - ST - ZIP	HALLANDALE FL 33009	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GURRIERI, SEBASTANO	
STREET ADDRESS	1150 ATLANTIC SHORES	
CITY - ST - ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CATALDO, ROSARIO C	
STREET ADDRESS	1100 ATLANTIC SHORES	
CITY - ST - ZIP	HALLANDALE FL 33009	
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 checked="" type="checkbox"/> Addition
1.2 NAME	Jim Grossi	
1.3 STREET ADDRESS	1100 Atlantic Shores	
1.4 CITY - ST - ZIP	Hallandale FL 33009	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rocky Conti	
2.3 STREET ADDRESS	1150 Atlantic Shores	
2.4 CITY - ST - ZIP	Hallandale FL 33009	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michael Fornino	
3.3 STREET ADDRESS	1050 Atlantic Shores	
3.4 CITY - ST - ZIP	Hallandale FL 33009	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Sebastiano Gurrieri
Date: 2-27-97
Daytime Phone #: 0022617

CR2E037 (9/96)