

FILE NOW: FILING FEE IS \$61.25

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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741499** (8)
1. Corporation Name
BRICKELL SHORES CONDOMINIUM, INC.



Principal Place of Business 1440 S BAYSHORE DR MIAMI FL 33131 US	Mailing Address 1440 SE BAYSHORE DR MIAMI FL 33131
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2. Principal Place of Business 21 BRICKELL SHORES CONDO Suite, Apt. #, etc. 22 1440 BRICKELL BAY DR. City & State 23 MIAMI, FL. Zip 24 33131	2a. Mailing Address 26 1440 BRICKELL BAY DR. Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL. Zip 29 33131
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3. Date Incorporated or Qualified 02/01/1978
4. FEI Number 59-1946736
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 type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent DIAZ, FRANK 1440 S.E. BAYSHORE DR. MIAMI FL 33131

10. Name and Address of New Registered Agent 81 Name EDWARD McCORMICK 82 Street Address (P.O. Box Number is Not Acceptable) 1440 BRICKELL BAY DR. 83 PH #4. 84 City MIAMI FL 85 Zip Code 33131
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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 **E. J. McCormick Pres.** DATE **5-1-98**

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME DIAZ, FRANK	
STREET ADDRESS 1440 S BAYSHORE DR	
CITY-ST-ZIP MIAMI, FL 00000	
TITLE VD	<input type="checkbox"/> DELETE
NAME BARROS, CARMEN	
STREET ADDRESS 1440 S BAYSHORE DR	
CITY-ST-ZIP MIAMI, FL 00000	
TITLE D	<input type="checkbox"/> DELETE
NAME MCCORMICK, EDWARD	
STREET ADDRESS 1440 S BAYSHORE DR	
CITY-ST-ZIP MIAMI FL	
TITLE VP	<input type="checkbox"/> DELETE
NAME Martinez, Ofelia	
STREET ADDRESS 1440 S Bayshore Dr.	
CITY-ST-ZIP Miami, 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 EDWARD McCORMICK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME PRESIDENT	
1.3 STREET ADDRESS 1440 BRICKELL BAY DR. PH#4.	
1.4 CITY-ST-ZIP MIAMI, FL. 33131	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" 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: **E. J. McCormick Pres.** DATE **5-1-98** (305) 358-2876

CR2E037 (10/97)