


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90197 011 \*\*\*\*61.25

0040261

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 742800**

1. Corporation Name  
**SUSSEX H CONDOMINIUM ASSOCIATION, INC.**

114678 - 90197 - 11

Principal Place of Business 141 SUSSEX H W PALM BCH. FL 33417	Mailing Address 141 SUSSEX H W PALM BCH. FL 33417
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/08/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1636160
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent

~~SIMONS, EDWARD~~  
~~159 SUSSEX H~~  
~~WEST PALM BEACH FL 33417~~

10. Name and Address of New Registered Agent

81 Name  
F.P. WIBLE

82 Street Address (P.O. Box Number is Not Acceptable)  
141 SUSSEX H

83 WEST PALM BEACH, FLORIDA 33417

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 F.P. Wible F.P. WIBLE PRESIDENT 1-18-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P	NAME SIMONS, EDWARD	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 159 SUSSEX H	CITY-ST-ZIP WEST PALM BEACH FL 33417	
TITLE SD	NAME SIDNEY, FRANK	<input type="checkbox"/> DELETE
STREET ADDRESS 144 SUSSEX H	CITY-ST-ZIP WEST PALM BEACH FL 33417	
TITLE TD	NAME BURGER, SALLY	<input type="checkbox"/> DELETE
STREET ADDRESS 157 SUSSEX H	CITY-ST-ZIP WEST PALM BEACH FL 33417	
TITLE AD	NAME KANTOR, MOLLIE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS SUSSEX H 147 CENT VILL	CITY-ST-ZIP W PALM BEACH FL	
TITLE 1VP	NAME FELDHEIM, DOROTHY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS SUSSEX H-150, CENT VILL	CITY-ST-ZIP WEST PALM BEACH, FL00000	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	1.2 NAME F.P. WIBLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS 141 SUSSEX H	1.4 CITY-ST-ZIP W.P.B. FLA 33417	
2.1 TITLE	2.2 NAME SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	
3.1 TITLE	3.2 NAME SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
4.1 TITLE	4.2 NAME VACANT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
5.1 TITLE V.P.	5.2 NAME EDWARD SIMONS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS 159 SUSSEX H	5.4 CITY-ST-ZIP W.P.B. FLA 33417	
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: SIMONS, EDWARD F.P. WIBLE 1-18-99 689-4358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)