


FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 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 # 747184  
1. Corporation Name  
Building Three of Country Club Apartments  
At Bonaventure 32 Condo. Assn. Inc.

Principal Place of Business 16200 Golf Club Rd.  
Bonaventure  
Ft. Lauderdale FL 33326

Mailing Address  
90 Phoenix Management  
541 South St. Rd 7 Suite 12  
Margate FL 33068

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 16200 Golf Club Rd	26 541 South St. Rd 7	59-1919064	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	12	<input type="checkbox"/>	
23 City & State Bonaventure - Ft. Laud. FL	28 City & State Margate FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
24 Zip 33326	25 Country USA	29 Zip 33068	30 Country USA
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

3. Date Incorporated or Qualified 6/26/70

3a. Date of Last Report

9. Name and Address of Current Registered Agent  
Lee Katzman, Esq.  
441 South State Rd. 7  
Suite 102,  
Margate, FL 33068

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

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 LEIGH C. KATZMAN DATE 5-7-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	George Bressler	
STREET ADDRESS	16200 Golf Club Rd	
CITY-ST-ZIP	Bonaventure - Ft. Lauderdale FL 33326	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Sally Sibulkin	
STREET ADDRESS	16200 Golf Club Rd	
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Isadore Kosnoff	
STREET ADDRESS	16200 Golf Club Rd.	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Sidney Aronoff	
STREET ADDRESS	16200 Golf Club Rd	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Melvin Sibulkin	
STREET ADDRESS	16200 Golf Club Rd	
CITY-ST-ZIP		
TITLE	FLORENCE SCHULTE	<input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" 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	

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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: George Bressler, Pres DATE: 4/23/97 DAYTIME PHONE: 954-384-0954

CR2E037 (9/96)