

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 13 AM 10:54**

**DOCUMENT # 747627 (8)**

1. Corporation Name  
**1155 BUILDING CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**% NORMAN SHAPIRO**  
**1155 98TH STREET APT 1**  
**BAY HARBOR ISLAND FL 33154**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/13/1979** 3a. Date of Last Report **04/01/1994**  
4. FEI Number **59-2349205** Applied For  Not Applicable  
5. Certificate of Status Desired  **\$0.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**NEU, HOWARD M.**  
**710 NE 128TH ST**  
**N. MIAMI FL 33160**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME SHAPIRO, TILLIE  
STREET ADDRESS 1155 98TH ST  
CITY-ST-ZIP BAY HARBOR ISL FL  
TITLE STD  
NAME SHAPIRO, NORMAN  
STREET ADDRESS 1155 98TH ST  
CITY-ST-ZIP BAY HARBOR ISL FL  
TITLE D  
NAME SOLOVEI, LEITHIA  
STREET ADDRESS 1155 98TH ST.  
CITY-ST-ZIP BAY HARBOR ISL FL  
TITLE D  
NAME GOMBINSKI, RITA  
STREET ADDRESS 1155 98 ST.  
CITY-ST-ZIP BAY HARBOR ISL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Norman Shapiro* **NORMAN SHAPIRO** 3/7/95 205-865-5985  
Signature and Typed or Printed Name of Signing Officer or Director Date Telephone #