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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 747627

1. Corporation Name
 1155 BUILDING CONDOMINIUM ASSOCIATION, INC.

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/13/1979
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2349205
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
29	30	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		10. Name and Address of New Registered Agent	
FRANK WOLLARND, ESQ (FRANK WOLLAND ESQ) 12865 W DIXIE HWY N. MIAMI FL 33160		81 Name	CORRECTION - SPELLING - WOLLAND
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, TILLIE	1.2 NAME	
STREET ADDRESS	1155 98TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISL FL	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, NORMAN	2.2 NAME	
STREET ADDRESS	1155 98TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISL FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLOVEI, LEITHIA	3.2 NAME	D - JERI MITRANI
STREET ADDRESS	1155 98TH ST.	3.3 STREET ADDRESS	1155 - 98th St
CITY-ST-ZIP	BAY HARBOR ISL FL	3.4 CITY-ST-ZIP	BAY HARBOR ISL, FLA
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMBINSKI, RITA	4.2 NAME	
STREET ADDRESS	1155 98 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISL FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: NORMAN SHAPIRO (NORMAN SHAPIRO STD) 7/27/99 305-865-5983

CR2E037 (11/98)