## 229 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F72235

(7)

LUCERNE MERGED CONDOMINIUMS, INC.

**FILED** Apr 23 1997 8:00am Secretary of State



Principal Place of Business Mailing Address												1 1001100 1111 101		,, ,,,,,	31511 0141		II 0191: 100;	
% Morris J. Watsky. Eso. 700 MW 107TH Avenue Miami Fl. 83172					% Morris J. Watsky. Eso. 700 NW 107TH AVENUE MIAMI FL 33172-3161													
											3. Date Incorporated or Qualified 03/25/1982 3a. Date of Last Report 05/01/1996				Report			
	Principal P	al Place of Business			2a. Mailing Address						4. FEI Number					<b>⊢</b>	pplied For	
21	0.1.	to Ant Water			Suite April # etc						<b>65-0576452</b> Not Applicable							le
22	Sulte, Apt.	·				Suite, Apt. #, etc.					5. Certificate of Status Desired See Required Fee Required							
_	City & State	е			City & State						6. Election Campaign Financing \$5.00 May Be							ļ
23	<del></del>	0			Zip Country						Trust Fund Contribution							_
	Zip	Country			├ı ´			untry	ntry			8. This corporation has liability for intangible tax under s. 199.032,						
24			25 and Address of Curre		29 30 30 September 4 cant					<del></del>	Florida Statutes Yes No  10, Name and Address of New Registered Agent							
9. Name and Address of Current Registered Agent WATSKY, MORRIS J., ESQ.									Nam	e	10.	, Harrie and At	ICHOOD OF NOT	v nogia	itelea Ag	J111		$\dashv$
700 NW 107TH AVENUE MIAMI FL 33172								82	Street Add		dress (P.O. Box Number is Not Acceptable)							
								83	·	• • • •								
								84	City				······································		FL	B5 Zip	Code	7
11	Pursuant office or ragent 1 a	to th <b>e</b> provis egistered ag m f <b>am</b> iliar wi	ions of Sections 607.05 ont, or both, in the Stat th, and accept the oblig	607.15 orida. Su of, Sec	08, Florida Statu ich change was ion 607.0505, Fl	les, the a authorize londa Sta	above ed by states	e-narno the co s.	d corpo orporatio	ratio n's t	on submits this board of directo	statement for t ors. I hereby a	the purp accept 1		anging tment a	its registere s registered	d	
SIG	GNATURE										,							.
Signature, typed or printed name of registeried agent and tide if applicable (NOTE 1  12. OFFICERS AND DIRECTORS							13.		mi signat	we required		Treinstating) ADDITIONS/CH	IANGES TO O		DATE S AND D	DECTA	DS IN 12	
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	NAME SALEDA, M.E.						4. 2 NAME											
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	Y-ST-ZIP				- Course			4.4 CITY - ST-ZIP								<u> </u>		_
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CIT	Y-ST-ZIP	MIAMI FL					G.4 (	11Y-S	1 · 20°									

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 point or supplementary annual point 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 control or the received or trusce empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

The state of the s

Kalhleon & Cinco 1-12-97 (200) 729-6400