


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 28 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 # N18298 (2) 1. Corporation Name MIZNER TOWER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 300 SOUTHEAST 5TH AVENUE BOCA RATON FL 33434		Mailing Address 300 SOUTHEAST 5TH AVENUE BOCA RATON FL 33434			
2. Principal Place of Business 21		2a. Mailing Address 26 300 SE 5TH AVE		3. Date Incorporated or Qualified 12/17/1986	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 ATT: MANAGEMENT OFF		3a. Date of Last Report 07/16/1996	
City & State 23		City & State 28 BOCA RATON, FL		4. FEI Number 65-0036003	
Zip 24		Country 25		Applied For Not Applicable	
33432		30 PBC		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent HANDLER, HENRY B. 2255 GLADES RD S-218-A BOCA RATON FL 33431		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 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 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	PD	<input type="checkbox"/> DELETE			
NAME	FALK, FERDIE				
STREET ADDRESS	300 SOUTHEAST 5TH AVENUE				
CITY-ST-ZIP	BOCA RATON FL 33434				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	SMITH, DUNCAN				
STREET ADDRESS	300 SOUTHEAST 5TH AVENUE				
CITY-ST-ZIP	BOCA RATON FL 33434				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	INGERMAN, IRA				
STREET ADDRESS	300 SOUTHEAST 5TH AVENUE				
CITY-ST-ZIP	BOCA RATON FL 33434				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	ISEN, THEODORE				
STREET ADDRESS	300 SOUTHEAST 5TH AVENUE				
CITY-ST-ZIP	BOCA RATON FL 33434				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	FOX, MAURIE				
STREET ADDRESS	300 SOUTHEAST 5TH AVENUE				
CITY-ST-ZIP	BOCA RATON FL 33434				
TITLE		<input 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 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					



DO NOT WRITE IN THIS SPACE

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:

SIGNATURE REQUIRED

Ferdie G. Falk Pres.

CR2E037 (4/97)