

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
FEB 22 1996

DOCUMENT # **N39274** (8)

1. Corporation Name  
**CITADEL COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**10218 N. W. 50TH STREET  
SUNRISE FL 33351** **10218 N. W. 50TH STREET  
SUNRISE FL 33351**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/27/1990** 3a. Date of Last Report **02/03/1994**  
4. FEI Number **65-0263127** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing  **\$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 **8001 NW 46TH CT**  
22 City & State 27 **LAUDERHILL, FL**  
23 Zip 25 Country 29 **33351** 30 Country

9. Name and Address of Current Registered Agent  
**HOROWITZ, ALFRED J.  
6800 W COMMERCIAL BLVD  
SUITE 5  
FT. LAUDERDALE FL 33319**

10. Name and Address of New Registered Agent  
81 Name **John C McQuaide**  
82 Street Address (P.O. Box Number is Not Acceptable) **6520 SW 7TH ST**  
83  
84 City **Margate** FL 85 Zip Code **33068**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in accordance with 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: *John C McQuaide* TRUSTEE *John C McQuaide* 2/10/95  
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCQUAIDE, JOHN C.
STREET ADDRESS	6520 S W 7TH ST
CITY, ST, ZIP	MARGATE FL
TITLE	VPD
NAME	MCQUAIDE, MARGARET
STREET ADDRESS	6520 S W 7TH ST
CITY, ST, ZIP	MARGATE FL
TITLE	STD
NAME	BARONE, VINCENT
STREET ADDRESS	4 DIXON TERRACE
CITY, ST, ZIP	KINNELTON NJ
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
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	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 3.10(2)(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 mayor 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 of this report, or in an exhibit filed with an addendum.

SIGNATURE: *John C McQuaide* TRUSTEE *John C McQuaide* 2/10/95  
DATE