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**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N39471 (0)

1. Corporation Name
MYSTIC POINTE TOWER 400 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **3500 MYSTIC POINTE DRIVE AVENTURA FL 33180**

Mailing Address: **3500 MYSTIC POINTE DRIVE AVENTURA FL 33180**

3. Date Incorporated or Qualified: **08/13/1990**

4. FEI Number: **65-0205274**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

**SKRID, INC.
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

B1 Name: _____

B2 Street Address (P.O. Box Number is Not Acceptable): _____

B3 _____

B4 City: _____ **FL** B5 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	DP SHAPIRO, HAROLD	1.1 TITLE	D LEDERMAN, MARILYN
NAME	3500 MYSTIC PT. DRIVE	1.2 NAME	3500 MYSTIC POINTE DR., 307
STREET ADDRESS	AVENTURA FL 33180	1.3 STREET ADDRESS	AVENTURA, FL 33180
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DVP MEACHUM, PATSY	2.1 TITLE	
NAME	3500 MYSTIC POINTE DRIVE, #205	2.2 NAME	
STREET ADDRESS	AVENTURA FL 33180	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T WINTERMAN, GENE	3.1 TITLE	
NAME	3500 MYSTIC POINTE DRIVE # 3407	3.2 NAME	
STREET ADDRESS	AVENTURA FL 33180	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DS FEINSTEIN, HONEY	4.1 TITLE	
NAME	3500 MYSTIC PT. DRIVE #2908	4.2 NAME	
STREET ADDRESS	AVENTURA FL 33180	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D REINFELD, ED	5.1 TITLE	
NAME	3500 MYSTIC POINTE DRIVE, 1701	5.2 NAME	
STREET ADDRESS	AVENTURA FL 33180	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D EZRIN, MARTY	6.1 TITLE	
NAME	3500 MYSTIC POINTE DRIVE, #1704	6.2 NAME	
STREET ADDRESS	AVENTURA FL 33180	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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.

SIGNATURE _____

CR2E037 (10/97)