

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N50469** (8)

1. Corporation Name

**RO-MONT SOUTH CONDOMINIUM "Q," INC.**



Principal Place of Business: 20314 NE 2 AVE N MIAMI BEACH FL 33179  
Mailing Address: 20314 NE 2 AVE N MIAMI BEACH FL 33179

3. Date Incorporated or Qualified: 08/20/1992  
3a. Date of Last Report: 02/10/1995  
4. FEI Number: 65-0031474  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**TILOVE, HARRY**  
65 NE 202 TERR  
N MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent  
81 Name: **FORTIN, JEAN-CLAUDE**  
82 Street Address (P.O. Box Number is Not Acceptable): **65 NE 202 TERR Q-4**  
83  
84 City: **N MIAMI BEACH** FL 85 Zip Code: **33179**

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: **JEAN-CLAUDE FORTIN PD** (Signature) **JANUARY 18, 1996** (Date)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	FORTIN, CLAUDE J.	
STREET ADDRESS	65 NE 202 TERR	
CITY-STATE-ZIP	N MIAMI BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FUCHS, ROSE	
STREET ADDRESS	65 NE 202 TERR	
CITY-STATE-ZIP	N MIAMI BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PAUL, LOUIS	
STREET ADDRESS	65 NE 202 TERR	
CITY-STATE-ZIP	N MIAMI BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LEVANTHAL, MARVIN	
STREET ADDRESS	65 NE 202 TERR	
CITY-STATE-ZIP	NO MIAMI BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FORTIN, JEAN-CLAUDE	
1.3 STREET ADDRESS	65 NE 202 TERR Q-4	
1.4 CITY-STATE-ZIP	N MIAMI BEACH FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	POSNAK, SYLVIA	
2.3 STREET ADDRESS	65 NE 202 TERR Q-10	
2.4 CITY-STATE-ZIP	N MIAMI BEACH FL	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BROSS, ROSE	
3.3 STREET ADDRESS	65 NE 202 TERR Q-17	
3.4 CITY-STATE-ZIP	N MIAMI BEACH FL	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BOSSE, MICHELINE	
4.3 STREET ADDRESS	65 NE 202 TERR Q-25	
4.4 CITY-STATE-ZIP	N MIAMI BEACH FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: (Signature) **JANUARY 18, 1996** (Date) **653-3683** (Daytime Phone #)

CR2E037 (12/95)