

FILE NOW: FILING FEE IS \$61.25

APPROVED AND FILED

98 DEC 22 PM 2:38

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N95000003635 (8)
1. Corporation Name
FLORIDA TOWER CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500002724805--8
-12/29/98-01047-017
*****61.25 *****61.25



Principal Place of Business Mailing Address
4001 N.W. 5 ST MIAMI FL 33126 US
4001 N.W. 5 ST MIAMI FL 33126 US

3. Date of Incorporation 08/01/1995
4. FEI Number 65-0628532
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 4431 SW 64th Ave.
22 113
23 City & State 27 Davie Fl
24 Zip 25 Country 29 33314 30 USA

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

9. Name and Address of Current Registered Agent
NUNEZ, LUZMARY
4001 N.W. 5 ST.
MIAMI FL 33126

10. Name and Address of New Registered Agent
81 Name GRS MANAGEMENT OF BROWARD INC.
82 Street Address (P.O. Box Number is Not Acceptable) 4431 SW 64 AVE, STE 113
83 500002724805--8
84 City DAVIE Zip Code 33314

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 *Maria E Barreto* MARIA E BARRETO CAM DATE 4/16/98

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '98	
TITLE PD NAME GIASSY, CARLO STREET ADDRESS 6422 COLLINS AVE CITY-ST-ZIP MIAMI BEACH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D SEVERSON, DEBRA 6422 COLLINS AVE MIAMI BEACH FL 33144 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME ROSEAU, SCOTT STREET ADDRESS 6422 COLLINS AVE. CITY-ST-ZIP MIAMI BEACH FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	P/D VILLATE, NAYRA 6422 COLLINS AVE MIAMI BEACH FL 33144 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME GIASSI, CARLO STREET ADDRESS 6422 COLLINS AVE CITY-ST-ZIP MIAMI BEACH FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Director/VP RODRIGUEZ, ALICIA 6422 COLLINS AVE MIAMI BEACH FL 33144 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T/D MORALES, ADDYS 6422 COLLINS AVE MIAMI BEACH FL 33144 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	S/D TRUXEL, MARIA 6422 COLLINS AVE MIAMI BEACH FL 33144 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D MILERA, TONY 6422 COLLINS AVE MIAMI BEACH FL 33144 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Maria E Barreto* (352) 791-4800 DATE: 4/16/98

CORP/ST/REG