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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000003635

1. Corporation Name
FLORIDA TOWER CONDOMINIUM ASSOCIATION, INC.

531602 - 90116 - 20

Principal Place of Business 4001 N.W. 5 ST MIAMI FL 33126 US	Mailing Address 4431 SW 64TH AVE 113 DAVIE FL 33314
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2. Principal Place of Business 21 6422 COLLINS AVE. Suite, Apt. #, etc. 22 City & State 23 MIAMI BEACH FL Zip 24 33140 Country 25 DADE	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 08/01/1995	4. FEI Number 65-0628532 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent GRS MANAGEMENT OF BROWARD INC. 4431 SW 64 AVE., STE 113 DAVIE FL 33314	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
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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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD <input type="checkbox"/> DELETE NAME VILLATE, NAYRA STREET ADDRESS 6422 COLLINS AVE CITY-ST-ZIP MIAMI BEACH FL 33144	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE DV <input checked="" type="checkbox"/> DELETE NAME RODRIGUEZ, ALICIA STREET ADDRESS 6422 COLLINS AVE CITY-ST-ZIP MIAMI BEACH FL 33144	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME VP/D 2.3 STREET ADDRESS RAMON, OSVALDO 2.4 CITY-ST-ZIP 6422 COLLINS AVE., #1103 MIAMI BEACH FL 33144
TITLE TD <input checked="" type="checkbox"/> DELETE NAME MORALES, ADDYS STREET ADDRESS 6422 COLLINS AVE CITY-ST-ZIP MIAMI BEACH FL 33144	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE SD <input type="checkbox"/> DELETE NAME TRUXELL, MARIA STREET ADDRESS 6422 COLLINS AVE CITY-ST-ZIP MIAMI BEACH FL 33144	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME S/T/D 4.3 STREET ADDRESS TRUXEL, MARIA 4.4 CITY-ST-ZIP 6422 COLLINS AVE. MIAMI BEACH FL 33144
TITLE D <input type="checkbox"/> DELETE NAME MILERA, TONY STREET ADDRESS 6422 COLLINS AVE CITY-ST-ZIP MIAMI BEACH FL 33144	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME D 5.3 STREET ADDRESS BARCO, ROSE 5.4 CITY-ST-ZIP 6422 COLLINS AVE. MIAMI BEACH FL 33144
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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, with all other like empowered.

SIGNATURE: NAYRA VILLATE 4/9/99 (305)673-7040
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)