

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S66801 (9)
 1. Corporation Name
MALIBU POINTE AT SILVER LAKES ASSOCIATES, INC.



Principal Place of Business: **1240 SW 177TH TERRACE, PEMBROKE PINES FL 33029, US**
 Mailing Address: **1240 SW 177TH TERRACE, PEMBROKE PINES FL 33029-4826, US**

3. Date Incorporated or Qualified: **07/17/1991**
 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **65-0293603**
 Applied For: Not Applicable
 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
 2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent
SAVAGE, CRAIG D.
801 N.E. 167TH ST.
SUITE 302A
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City
 B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, DAVID	1.2 NAME	
STREET ADDRESS	910 NW 179TH AVE.	1.3 STREET ADDRESS	1011 N.W. 121 Terrace
CITY - ST - ZIP	PEMBROKE PINES FL	1.4 CITY - ST - ZIP	Coral Springs, FL 33071
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, ANDREW	2.2 NAME	
STREET ADDRESS	910 NW 179TH AVE.	2.3 STREET ADDRESS	7610 N. Cypress Head Drive
CITY - ST - ZIP	PEMBROKE PINES FL	2.4 CITY - ST - ZIP	Parkland, FL 33067
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, MICHAEL	3.2 NAME	
STREET ADDRESS	910 NW 179TH AVE.	3.3 STREET ADDRESS	1554 N.W. 182 Ave.
CITY - ST - ZIP	PEMBROKE PINES FL	3.4 CITY - ST - ZIP	Pembroke Pines, FL 33029
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELS, JONATHAN	4.2 NAME	
STREET ADDRESS	16855 N.E. 2ND AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Andrew Zuckerman* Date: *4/30/97* Daytime Phone: *954-437-1213*

CR2E034 (9/96)