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95 APR 27 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 718228

(0)

1. Corporation Name

PETUNIA GARDENS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

% G. SCHWARTZ
5171 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33313

% G. SCHWARTZ
5171 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/17/1970
3a. Date of Last Report 04/21/1994

4. FEI Number 59-1372607
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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWARTZ, GUS
5171 W. OAKLAND PK. BLVD.
LAUDERDALE LAKES FL 33313

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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 SD
NAME HARE, ROSE
STREET ADDRESS 5171 W OAKLAND PK BLVD
CITY - ST - ZIP LAUDERDALE LAKES FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE PD
NAME SCHWARTZ, GUS
STREET ADDRESS 5171 W OAKLAND PK BLVD
CITY - ST - ZIP LAUDERDALE LAKES FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D
NAME MOROWITZ, MAX
STREET ADDRESS 5 71 W. OAKLAND PARK BLVD.
CITY - ST - ZIP LAUDERDALE LAKES FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE D
NAME LAMERE, FRANK
STREET ADDRESS 5171 W OAKLAND PK BLVD
CITY - ST - ZIP LAUDERDALE LAKES FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE V
NAME FISHMAN, HYMAN
STREET ADDRESS 5171 W OAKLAND PK BLVD
CITY - ST - ZIP LAUDERDALE LAKES FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE D
NAME BLUESTEIN, ABE
STREET ADDRESS 5171 W. OAKLAND PARK BLVD.
CITY - ST - ZIP LAUDERDALE LAKES FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - 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 110.07(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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/95

305-414-5627