FILE NOW: FILING FEE IS $61.25

FILED
Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 727101 (8)

1. Corporation Name

MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #6, INC.

Principal Place of Business	Mailing Address
901 N.E. 14 AVE HALLANDALE FL 33009	901 N.E. 14 AVE. HALLANDALE FL 33009

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

3. Date Incorporated or Qualified: 03/13/1973

4. FEI Number: 59-1511002 ☐ 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. 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

SMITH, JESSIE
901 N.E. 14TH AVE
APT. 508
HALLANDALE FL 33009

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SMITH, JESSIE		1.2 NAME	PERRON PATRICIA	
STREET ADDRESS	900 N.E. 14TH AVE., #508		1.3 STREET ADDRESS	901 N. E. 14TH AVE #707	
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MAJOR, JEANNINE M		2.2 NAME		
STREET ADDRESS	901 N.E. 14TH AVE., #505		2.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARTMAN, LUCILLE		3.2 NAME		
STREET ADDRESS	900 N.E. 14TH AVE., #104		3.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WEIS, JOEL		4.2 NAME		
STREET ADDRESS	901 N.E. 14TH AVE., #306		4.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 00000		4.4 CITY-ST-ZIP		
TITLE	TRD	☒ DELETE	5.1 TITLE	TRD	☐ Change ☒ Addition
NAME	PERRON, PATRICIA		5.2 NAME	KAHN, MARTA	
STREET ADDRESS	901 N.E. 14TH AVE., #707		5.3 STREET ADDRESS	901 N.E. 14TH AVE	
CITY-ST-ZIP	HALLANDALE, FL 00000		5.4 CITY-ST-ZIP	Hallandale FL 33009	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Joel Weis V. Pres Feb 5, 1998 9549548834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022315