


FILE NOW: FILING FEE IS \$61.25

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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000445 (5)**

1. Corporation Name

WELDON CONDOMINIUM B ASSOCIATION, INC.



Principal Place of Business	Mailing Address
A&M PROP. MGT 3475 HIATUS RD SUNRISE FL 33351 US	A&M PROP. MGT 3475 HIATUS RD SUNRISE FL 33351 US

3. Date Incorporated or Qualified	01/30/1995
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4. FEI Number	65-0563822	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALDRON, MALCOLM H H1
3475 HIATUS ROAD
SUNRISE FL 33351**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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

4/6/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	P/D
NAME	WALWICK, MILTON	1.2 NAME	Bernard Samuels
STREET ADDRESS	9587 WELDON CIRCLE	1.3 STREET ADDRESS	9587 Weldon Circle
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	Tamarac, FL 33351
	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP/D
TITLE	PD	2.2 NAME	Bob Granet
NAME	GRABET, BOB	2.3 STREET ADDRESS	9587 Weldon Circle
STREET ADDRESS	9587 WELDON CIRCLE	2.4 CITY-ST-ZIP	Tamarac, FL 33321
CITY-ST-ZIP	TAMARAC FL 33351		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.1 TITLE	D
TITLE	VPD	3.2 NAME	Cy Atkins
NAME	BERGER, MURRAY	3.3 STREET ADDRESS	9587 Weldon Circle
STREET ADDRESS	9587 WELDON CIRCLE	3.4 CITY-ST-ZIP	Tamarac, FL 33321
CITY-ST-ZIP	TAMARAC FL 33351		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	T/D
TITLE	S	4.2 NAME	Aaron Levine
NAME	SHAPIRO, IRVING	4.3 STREET ADDRESS	9587 Weldon Circle
STREET ADDRESS	9587 WELDON CIRCLE	4.4 CITY-ST-ZIP	Tamarac, FL 33321
CITY-ST-ZIP	TAMARAC FL 33351		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.1 TITLE	
TITLE	TD	5.2 NAME	
NAME	SAMUELS, BERNARD	5.3 STREET ADDRESS	
STREET ADDRESS	9587 WELDON CIRCLE	5.4 CITY-ST-ZIP	
CITY-ST-ZIP	TAMARAC FL 33351		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1 TITLE	
TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
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)(l), 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]

4-2-98

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