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May 05 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 # **728556** (2)

1. Corporation Name

KING COLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**900 BAY DRIVE
MIAMI BEACH FL 33141**

**900 BAY DRIVE
MIAMI BEACH FL 33141**



3. Date Incorporated or Qualified

12/27/1973

4. FEI Number

59-1905933

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**% HYMAN & KAPLAN
44 W. FLAGLER ST.
14TH FLOOR COURTHOUSE TOWER
MIAMI FL 33130**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BURDEN, JACK	
STREET ADDRESS	900 BAY DRIVE #716	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, MARY A	
STREET ADDRESS	900 BAY DRIVE #607	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CHASIN, BEN	
STREET ADDRESS	900 BAY DRIVE, #208	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RESNICK, DR A	
STREET ADDRESS	900 BAY DRIVE #1017	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AROCHA, ROLAND	
STREET ADDRESS	900 BAY DRIVE, #527	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TIEMAN, ESTELLE	
STREET ADDRESS	900 BAY DRIVE #1005	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	BONNIE SLAVIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	900 BAY DRIVE #102	
1.3 STREET ADDRESS	MIAMI BEACH, FL 33141	
1.4 CITY-ST-ZIP	P	
2.1 TITLE	ANNE SILVERMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	900 BAY DRIVE #701	
2.3 STREET ADDRESS	MIAMI BEACH, FL 33141	
2.4 CITY-ST-ZIP		
3.1 TITLE	JIM HOOVER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	900 BAY DRIVE #1404	
3.3 STREET ADDRESS	MIAMI BEACH, FL 33141	
3.4 CITY-ST-ZIP		
4.1 TITLE	V.P. ROLAND AROCHA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	900 BAY DR #527	
4.3 STREET ADDRESS	MIAMI BEACH	
4.4 CITY-ST-ZIP		
5.1 TITLE	MIKEY SAVAGE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	900 BAY DRIVE #508	
5.3 STREET ADDRESS	MIAMI BEACH, FL 33141	
5.4 CITY-ST-ZIP		
6.1 TITLE	PAUL STEINBOCK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	900 BAY DRIVE # PHOS	
6.3 STREET ADDRESS	MIAMI BEACH, FL 33141	
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.

SIGNATURE:

BONNIE SLAVIN

4/17/98 305-866-1441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0029644

CR2E037 (10/97)