FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

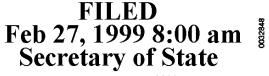


FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 720540



02-27-1999 90097 030 ****61.25

1. Corporation Name					_		
KING'S	POINT IMPERIAL CONDOMI	NUM, INC.					
Principal Plac	e of Business	Mailing Address			·		
NO. 110 OFFICE NO. 110 OFFICE							
220 KINGS POINT DRIVE 220 KINGS POINT DRIVE NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL			33160			FBII OIOI OIOI OIO	
3 51 (.5		20 Mailing Address			Date Incorporated or Qualifed		
Principal Place of Business 2a. Mailing Address 26					05/03/1974		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Ap	plied For
22		27			59-1672110		t Applicable
City & Stat	e	City & State			5. Certifcate of Status Desired	\$8.75 A Fee Re	
23 Zip	Country	28	Country	 	6. Election Campaign Financing	\$5.00	<u></u>
24	¬				Trust Fund Contribution Added to Fees		
	9. Name and Address of Current				10. Name and Address of New Regist	ered Agent	
			81	Name	,		
Carpenter, Elliott			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
220 KINGS POINT DRIVE			83	_		· · · · · · · · · · · · · · · · · · ·	
SUITE 103						·	
N MIAMI BEACH FL 33160			84	City		FL 85 Zip C	Code
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statute	s, the abov	e-named corp	poration submits this statement for the purpo	ose of changing its	registered
office or r agent. I a	registered agent, or both, in the State or im familiar with, and accept the obligat	of Florida. Such change was au ions of, Section 617.0503, Flori	itnonzed by ida Statutes	tne corporati 5.	on's board of directors. I hereby accept the	appointinent as reg	gistered
SIGNATURE					,	NTE .	\
12.	Signature, typed or printed name of registered ageni OFFICERS ANI		13.	nt signature require	ad when reinstating) DA ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	DT	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	RODRIGUEZ, HUMBERTO		1.2 NAME				
STREET ADDRESS	220 KINGS POINT DR 111		1.3 STREE	TADDRESS		•	
CITY-ST-ZIP	N MIAMI BCH, FL 00000		1.4 C/TY-S	ST-ZIP		Channe	- Addition
TITLE	VP	☐ DELETE	2.1 TITLE	İ	•	Change	☐ Addition
NAME	Boucher, Robert 220 Kings Point Dr. #306		2.2 NAME	T ADDRESS			
STREET ADDRESS	N MIAMI BCH, FL 00000		2.4 CITY-				
CITY-ST-ZIP TITLE	SD	☐ DELETE	3.1 TITLE	51-21	~ *	☐ Change	Addition
NAME	MACKAY, GISELE		3.2 NAME				
STREET ADDRESS)	3.3 STREE	TADORESS			
CITY-ST-ZIP	N MIAMI BCH, FL 00000	□ pri ette	3.4. CITY-1	ST-ZIP		☐ Change	Addition
TITLE	BUTCHED MODIAMID	☐ DELETE	4.1 TITLE 4.2 NAME		•	Change	
NAME	BOUCHER, NORMAND 220 KINGS POINT DR., #315			T ADDRESS			
STREET ADDRESS CITY-ST-ZIP	N MIAMI BEACH FL		4.4 CITY- S		• •	·	1
TITLE	D	[] DELETÉ	5.1 TITLE			☐ Change	Addition
NAME	ALEJO, IRENE- RUTH S	HADT	5.2 NAME				
STREET ADDRESS	220 KINGS POINT DRIVE, #307	•	5.3 STREE	TADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL		5.4 CITY-5	ST-ZIP			T A d Per
TITLE		☐ DELETE	6.1 TITLE		41	☐ Change	Addition
NAME			6.2 NAME	į		• .	
STREET ADDRESS	i		0.3 STREE	T ADDRESS			
			64 CITY-5				ļ

14. 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, with all other like empowered.

SIGNATURE: