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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715942

1. Corporation Name

VENETIAN CONDOMINIUM, INC.

Principal Place of Business

ONE LAS OLAS CIRCLE
FORT LAUDERDALE FLORIDA 33316

Mailing Address

ONE LAS OLAS CIRCLE
FORT LAUDERDALE FLORIDA 33316
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/24/1969

4. FEI Number

59-1303036

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

9. Name and Address of Current Registered Agent

WINTERS, FRED N.
ONE LAS OLAS CIRCLE
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name Ms Susana B. Alfonso

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

1 Las Olas Circle

83 Susana B. Alfonso

84 City Ft Lauderdale, FL 85 Zip Code 33316

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 *Susana B. Alfonso*
Signature, typed or printed name of registered agent and title if applicable.

SUSANA B. ALFONSO

14 JAN 1999

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BROCHU, TOM
STREET ADDRESS ONE LAS OLAS CIRCLE
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE D
NAME BRINK, ORVILLE
STREET ADDRESS ONE LAS OLAS CIRCLE
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE S
NAME TALIK, JIM
STREET ADDRESS ONE LAS OLAS CIR.
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE T
NAME RIPKA, MICHAEL
STREET ADDRESS ONE LAS OLAS CIRCLE
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE VP
NAME EPSTEIN, MURRAY
STREET ADDRESS ONE LAS OLAS CIRCLE
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE P
NAME CERNICK, RANDOLPH
STREET ADDRESS ONE LAS OLAS CIRCLE
CITY-ST-ZIP FT. LAUDERDALE FL 33316

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE VP
2.2 NAME BRINK, ORVILLE
2.3 STREET ADDRESS One Las Olas Circle
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33316

3.1 TITLE D
3.2 NAME Talik, Jim
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE D
5.2 NAME EPSTEIN, MURRAY
5.3 STREET ADDRESS ONE LAS OLAS CIRCLE
5.4 CITY-ST-ZIP FT LAUDERDALE FL 33316

6.1 TITLE P
6.2 NAME Randolph C. Smith
6.3 STREET ADDRESS One Las Olas Circle
6.4 CITY-ST-ZIP Ft. Lauderdale, FL 33316

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)