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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 717401

1. Corporation Name
AQUARIUS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 2751 S OCEAN DRIVE
 HOLLYWOOD, FL 33019

Mailing Address
 2751 S OCEAN DRIVE
 HOLLYWOOD, FL 33019



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/21/1969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1445052	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WEISSMAN, SEYMOUR 2751 S. OCEAN DR., 1703-S HOLLYWOOD FL 33019				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	VPD
NAME	KLEIN, WILLIAM	1.2 NAME	
STREET ADDRESS	2751 S. OCEAN DR., #405-N	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	D
NAME	ZAHAVI, ROBERT	2.2 NAME	
STREET ADDRESS	2751 S. OCEAN DR., #303N	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	STD
NAME	SMITH, SHARON	3.2 NAME	
STREET ADDRESS	2751 S. OCEAN DR., #602-S	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	D
NAME	FINKELSTEIN, MICHAEL	4.2 NAME	
STREET ADDRESS	2751 S. OCEAN DR., #203-N	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	PD
NAME	WEISSMAN, SEYMOUR	5.2 NAME	
STREET ADDRESS	2751 S. OCEAN DR., #1703-S	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	
NAME	FRAVEL, MICHAEL	6.2 NAME	
STREET ADDRESS	2751 S. OCEAN DR., PH2-S	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	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)(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, with all other like empowered.

SIGNATURE: *Michael Fravel* 2/15/99 (954) 921-7924
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)