


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90035 029 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758302

1. Corporation Name

COLONIAL CENTER ASSOCIATION, INC.

Principal Place of Business

1260 S. FEDERAL HWY #101
BOYNTON BEACH FL 33435

Mailing Address

1260 S. FEDERAL HWY #101
BOYNTON BEACH FL 33435



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/12/1981
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2159966
24 Country	29 Country	Applied For
	30 Country	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GRATTON, LUCY C.
1260 S. FEDERAL HWY. #101
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name **Deborah Rubin**
82 Street Address (P.O. Box Number is Not Acceptable)
1260 S. Federal Hwy., #101
83
84 City **Boynton Beach** **FL** 85 Zip Code **33435**

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

Deborah L. Rubin, Pres.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-15-99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KAMEL, MAKRAM	1.2 NAME	
STREET ADDRESS	1240S FEDERAL HWY STE 101	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL 33435	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD GRATTON, LUCY C.	2.2 NAME	Rubin, Deborah
STREET ADDRESS	1260 S FEDERAL HWY #101	2.3 STREET ADDRESS	1260 S. Federal Hwy., #101
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	Boynton Beach, FL 33435
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T SMITH, GORDON J	3.2 NAME	
STREET ADDRESS	1250 S FEDERAL HWY #101	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S RUBIN, DEBORAH L	4.2 NAME	S Wolforth, J. Bailey
STREET ADDRESS	1260 S FEDERAL HWY #201	4.3 STREET ADDRESS	5114 N. Ocean Blvd.
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP	Ocean Ridge, FL 33435
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD NORTHUP, WARD W.	5.2 NAME	
STREET ADDRESS	1200 S FEDERAL HWY #204	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Deborah L. Rubin* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99 1561-936-8970
Date Daytime Phone #

CR2F037 (4/1/98)