


**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90125 017 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 715574			
1. Corporation Name ADMIRAL TOWERS CONDOMINIUM, INC.			
Principal Place of Business 1020 MERIDIAN AVE. MIAMI BEACH FL 33139		Mailing Address 40 Miami Management Inc. 1020 MERIDIAN AVE. MIAMI BEACH FL 33139	
2. Principal Place of Business 21 Miami Management Inc. Suite, Apt. #, etc. 14275 SW 142 AVE City & State Miami FL Zip 33186		2a. Mailing Address 26 Miami Management Inc. Suite, Apt. #, etc. 14275 SW 142 AVE City & State Miami FL Zip 33186	
23 33186		25 USA	
24 33186		29 33186	
25 USA		30 USA	
9. Name and Address of Current Registered Agent HANSEN, RICHARD A 1020 MERIDIAN AVE. MIAMI BEACH FL 33139		10. Name and Address of New Registered Agent 81 Name BRET CLEMONS 82 Street Address (P.O. Box Number is Not Acceptable) 1020 MERIDIAN AVE #613 83 84 City Miami Beach FL 85 Zip Code 33139	
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: <u>Bret Clemons</u> (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	PD	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	CLEMONS, BRET	1.1 TITLE	TREASURER
STREET ADDRESS	1020 MERIDIAN AVE.	1.2 NAME	
CITY-ST-ZIP	MIAMI BEACH FL	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	PRESIDENT
NAME	HANSEN, RICK	2.2 NAME	LYSE SUSSKIND
STREET ADDRESS	1020 MERIDIAN AVE	2.3 STREET ADDRESS	1020 MERIDIAN AVE
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	SD	3.1 TITLE	PD
NAME	BLOCH, LARRY	3.2 NAME	LYSE SUSSKIND
STREET ADDRESS	1020 MERIDIAN AVE #309	3.3 STREET ADDRESS	1020 MERIDIAN AVE #714
CITY-ST-ZIP	MIAMI BEACH FL 33139	3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE		4.1 TITLE	TD
NAME		4.2 NAME	CLEMONS, BRET
STREET ADDRESS		4.3 STREET ADDRESS	1020 MERIDIAN AVE #613
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Bret Clemons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/99

CR2E037 (11/98)