

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 205961 (6)
1. Corporation Name
MIAMI SHORES CO-OP APTS INC



Principal Place of Business 770 NE 91 ST APT 1 MIAMI SHORES FL 33138 US	Mailing Address 700 NE 93 ST. MIAMI SHORES FL 33139-2807
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3. Date Incorporated or Qualified 09/16/1957	3a. Date of Last Report 03/04/1996
4. FEI Number 59-6066283	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent
**CAWEIN, HOWARD D.
700 NE 93 ST.
MIAMI SHORES FL 33138**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PT	<input type="checkbox"/> DELETE
NAME	CAWEIN, HOWARD D.	
STREET ADDRESS	700 NE 93 ST.	
CITY-ST-ZIP	MIAMI SHORES, FL 00000	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	MACMASTER, MIMI	
STREET ADDRESS	770 NE 91 ST #2	
CITY-ST-ZIP	MIAMI SHORES, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALOLEY, HERB	
STREET ADDRESS	770 NE 91 ST #3	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CANNADY, BEATRICE V	
STREET ADDRESS	770 NE 91 ST #4	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWER, FRED C	
STREET ADDRESS	770 NE 91 ST #6	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLEMENTS, HARRY	
STREET ADDRESS	770 NE 91 ST #5	
CITY-ST-ZIP	MIAMI SHORES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Howard D. Cowlin* DATE: **1/16/97** DAYTIME PHONE: **305 757-1018**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)