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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90154 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 205961

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 33138
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DO NOT WRITE IN THIS SPACE

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	

3. Date Incorporated or Qualified 09/16/1957	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	FL	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 #6	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	D	<input checked="" 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	AZALIA BROWNING	
1.3 STREET ADDRESS	770 NE 91 ST #7	
1.4 CITY-ST-ZIP	MIAMI SHORES, FL 33138	
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 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, with all other like empowered.

SIGNATURE: Howard D. Cawein **HOWARD D. CAWEIN** 2/2/99 (305) 757-1018
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (1/198)