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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 618279

(4)

CONDOMINIUM PROPERTIES & SALES, INC.

FILED
Jan 29 1997 8:00am
Secretary of State

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Principal Place	of Business	Mailing A	Address					
200 & HALLAND HALLANDALE FL	SALE BEACH BLVD		ALLANDALE BEA ALE FL 33009-48					
						3. Date Incorporated or Qualified	3a. Date of I	ant Caparl
10 W 1						04/20/1979	03/07/19	
2. Principal Pia	ce of Business	2a. Mailin	ig Address			4. FEI Number	`	Applied For
21		26				59-2002282		Not Applicable
Suite, Apt. #,	, etc.	——ı	Apt #, etc.			5. Certificate of Status Desired		75 Additional
22		27				<u> </u>		ee Required
City & State		<u> </u>	State			6. Election Campaign Financing		5.00 May Be
23] Zip	Country	28		Countr		Trust Fund Contribution		dded to Fees
24]	25	29		30	,	8. This corporation has liability for in Florida Statutes	ntangible tax ur Yes No	ider s. 199.032,
<u> </u>	9. Name and Address of Cur		Agent	[30]		10. Name and Address of New Re	<u> </u>	
CH ASS	SER, LLOYE - CANNER & G		<u> </u>	81	Name	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	E. HALLANDALE BCH RD			-	Ctro-1 Act-1	room (D.O. Doy Number in Mel An	<u></u>	
	NDALE FL 33009			82	Street Add	ress (P.O. Box Number is Not Acceptab	ie)	
				83	<u> </u>			
					Cat			7: Code
				84	City		FL B5	Zip Code
agent I am SIGNATURE	familiar with, and accept the ot	oligations of, Section	on 607.0505, Fl	orida Statule	S .	lion's board of directors. Thereby acception is board of directors. Thereby acception is the state of the sta	DAIL	
12.		AND DIRECTORS		13.	- agrady regar	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
TITLE	PSD PSD	······································	DELEJE	1.1 1/TuF			☐ CI	ange Addition
NAME	fromm, kay euzabeth			1.2 NAME	-			
	2500 E HALLANDALE BCH I	BL		1.3 STAFE	ADDRESS			
CITY-ST-ZIP	HALLANDALE FL			1.4 CHTY-	51 - ZIP			
TITLE			DELETE	2.1 TITLE			□ Cr	iange 🔲 Addilio
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREE	ADDRESS			
CITY-ST-ZIP				2 4 CITY-	S1 - ZIP			
TITLE			☐ DELETE	3.1 1(1).8			☐ Ch	ange 🗀 Addilio
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE	Y			
CITY-ST-ZIP			DELETE	3.4 City - 4.1 Title	51-211/		□ CH	ange
NAME				4. 2 NAME			<u> </u>	
STREET ADDRESS				4 3 STREE	ADDRESS			
CITY-ST-ZIP				4.4 CHY-				
TITLE			DELETE	5.1 TITLE			CI	ange 🔲 Addition
NAME				5.2 NAM[
STREET ADDRESS				5 a STREE	ADDRESS			
CITY-ST-ZIP				5.4 CHY-	ST - ZIP			
TITLE			DELFTE	6.1 TITLE			Ct	ange Addition
NAME				6.2 NAME				
STREET ADDRESS				63 STHEE	ADDRESS			
CITY-ST-ZIP				64 C!TY - :	ST - 7IP			
19 A . 1 -4 - 11.		4 1 20 41 1 72				1: 0: 1: 140 07/01/3 Ft 1:1 Dt 1		

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 13 if changed, or on an attachment with an address.

Kay E. Fromm/Pres.