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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709436 (0)

1. Corporation Name
ATTACHE GARDEN APARTMENTS, INC., A CONDOMINIUM



Principal Place of Business 2710 S. OCEAN DR. HOLLYWOOD FL 33019	Mailing Address 2710 S. OCEAN DR. HOLLYWOOD FL 33019
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3. Date Incorporated or Qualified 08/12/1965	
4. FEI Number 59-1146540	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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**POLIAKOFF, GARY A.
BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP JAMES STARK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEDESCHI, MIKE	1.2 NAME	2710 SO OCEAN DR
STREET ADDRESS	2710 SO OCEAN DR #308	1.3 STREET ADDRESS	HOLLYWOOD FL #408
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	HOLLYWOOD FL 33019
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FATA, FRANK	2.2 NAME	
STREET ADDRESS	2710 S. OCEAN DR. #403	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S SILVER SYLVAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVER, RUTH	3.2 NAME	2710 SOUTH OCEAN DR #102
STREET ADDRESS	2710 SOUTH OCEAN DRIVE	3.3 STREET ADDRESS	HOLLYWOOD FL 33019
CITY-ST-ZIP	HOLLYWOOD FL 33019	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	D VACCARO FRANCIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VACCARO, FRANCIS	4.2 NAME	2710 SO. OCEAN DR. #207
STREET ADDRESS	2710 SO OCEAN DR #207	4.3 STREET ADDRESS	HOLLYWOOD FL 33019
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, HELEN	5.2 NAME	
STREET ADDRESS	2710 S. OCEAN DR. #103	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCE, DOLORES	6.2 NAME	DAN NICK
STREET ADDRESS	2710 SOUTH OCEAN DRIVE	6.3 STREET ADDRESS	2710 SOUTH OCEAN DR #402
CITY-ST-ZIP	HOLLYWOOD FL 33019	6.4 CITY-ST-ZIP	HOLLYWOOD FL 33019

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.

SIGNATURE: James Stark **JAMES STARK** 2/25/98 954 925 0635

CF2E037 (10/97)