# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JAN 30 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713083 (4)

1. Corporation Name
FOURTH FORUM CONDOMINIUM CORP., INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1304 N.E. 191ST STREET<br>NORTH MIAMI BEACH FL 33179 | 1304 N.E. 191ST STREET<br>NORTH MIAMI BEACH FL 33179 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1967
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-1174113 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 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

KIKIEN, RUBEN
1304 NORTHEAST 191ST ST
N. MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name: KIKEN ROSELYN
82 Street Address (P.O. Box Number is Not Acceptable): 1304 NE 191 ST # 326
83
84 City: N. MIAMI BEACH FL 85 Zip Code: 33179

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: Roselyn Kiken Pres. DATE: 1/18/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | SD | 1.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | KIKEN, ROSELYN | 1.2 NAME | KIKEN ROSELYN | |
| STREET ADDRESS | 1304 NE 191 ST. #326 | 1.3 STREET ADDRESS | 1304 NE 191 ST #326 | |
| CITY-ST-ZIP | N MIAMI BEACH FL | 1.4 CITY-ST-ZIP | N. MIAMI BEACH FLA 33179 | |
| TITLE | PD | 2.1 TITLE | TD | ☒ Change ☐ Addition |
| NAME | KIKEN, RUBIN | 2.2 NAME | JERRY PERKINS | |
| STREET ADDRESS | 1304 NE 191 ST. #326 | 2.3 STREET ADDRESS | 2119 NE 119 ST | |
| CITY-ST-ZIP | N. MIAMI BEACH FL | 2.4 CITY-ST-ZIP | N. MIAMI BEACH FLA 33179 | |
| TITLE | VP | 3.1 TITLE | SD | ☒ Change ☐ Addition |
| NAME | SHAW, WINIFRED | 3.2 NAME | LEE J. SMITH | |
| STREET ADDRESS | 1304 NE 191 ST., #328 | 3.3 STREET ADDRESS | 1304 NE 191 ST | |
| CITY-ST-ZIP | N. MIAMI BCH. FL | 3.4 CITY-ST-ZIP | N. MIAMI BEACH FLA 33179 | |
| TITLE | T | 4.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | DEMOS, LINDA | 4.2 NAME | | |
| STREET ADDRESS | 1304 NE 191 ST., #226 | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | N MIAMI BCH. FL | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | | 5.2 NAME | JACK BLACK | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 1304 NE 191 ST | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | N. MIAMI BEACH, FLA 33179 | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Roselyn Kiken - Roselyn Kiken - Pres. 1/18/95 305-947-2877
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

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