

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

1996 4-11-96 B-34132-10

DOCUMENT # 713083 (4)

1. Corporation Name

FOURTH FORUM CONDOMINIUM CORP., INC.

Principal Place of Business

1304 N.E. 191ST STREET
NORTH MIAMI BEACH FL 33179

Mailing Address

1304 N.E. 191ST STREET
NORTH MIAMI BEACH FL 33179



3. Date Incorporated or Qualified

07/19/1967

3a. Date of Last Report

01/30/1995

4. FEI Number

59-1174113

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

ROSELYN, KIKEN
1304 NE 191 ST #326
N MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name RUBEN KIKEN

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 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

Ruben Kiken
Signature, typed or printed name of registered agent and title if applicable

RUBEN KIKEN - TREAS.

4/8/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KIKEN, ROSELYN
STREET ADDRESS 1304 NE 191 ST #326
CITY-ST-ZIP N M BEACH FL ☒ DELETE

TITLE TD
NAME PERKINS, JERRY
STREET ADDRESS 2179 NE 179 ST
CITY-ST-ZIP N M BEACH FL ☐ DELETE

TITLE SD
NAME SMITH, LEE J
STREET ADDRESS 1304 NE 191 ST
CITY-ST-ZIP N M BEACH FL ☒ DELETE

TITLE D
NAME DEMOS, LINDA
STREET ADDRESS 1304 NE 191 ST., #226
CITY-ST-ZIP N MIAMI BCH. FL ☐ DELETE

TITLE D
NAME BLACK, JACK
STREET ADDRESS 1304 N.E. 191ST STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD
1.2 NAME KIKEN, RUBEN ☐ Change ☒ Addition
1.3 STREET ADDRESS 1304 NE 191 ST #326
1.4 CITY-ST-ZIP N M BEACH FL 33179

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME VIOLA Rudnick
3.3 STREET ADDRESS 1304 NE 191 ST #327
3.4 CITY-ST-ZIP N M BEACH FL 33179

4.1 TITLE SD ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME ROSELYN KIKEN
5.3 STREET ADDRESS 1304 NE 191 ST #326
5.4 CITY-ST-ZIP N M BEACH FL 33179

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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:

Ruben Kiken
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUBEN KIKEN
TREAS.

4/8/96

305-947-2877

Date

Daytime Phone #

CR2E037 (12/95)