FILE NOW: FILING FEE IS \$61,25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1998	DIVISION OF CO	HPOHATIONS		J = I = I = I = I = I = I = I = I = I =
POCUL Corporatio	MENT # 71308	3 (4)			
FOURT	H FORUM CONDOMINIUM	CORP., INC.			
Principal Place of Businoss Mailing Address					
· · · · · · · · · · · · · · · · · · ·					
1304 N.E. 191ST STREET NORTH MIAMI BEACH FL 33179 1304 N.E. 191ST STREET NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179			179	3. Date Incorporated or Qualified	
				07/19/1967 4- FEI Number	Applied For
	i			59-1174113	Not Applicable
Principal Place of Business 2a. A.		2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional
		26	\$		Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & State		City & State		Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?	
23	•	28			Yes No
Zιρ	Country	Zıp	Country	8. This corporation owes or has pal	d the current year Intangible
24	25	29	0	Personal Property Tax due June	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Reg	Jistered Agent
OLIDIN A	W/F1				
RUBIN KIKEN 1304 NE 191ST #326			82 Street Ad	dress (P.O. Box Number is Not Acceptable	ie)
N. MIAMI BEACH FL 33179			83		
11. 11. 41.			84 City		85 Zip Code
11. Pursuant office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State	02 and 617.1508, Florida Statutes e of Florida. Such change was aut	, the above-named co	orporation submits this statement for the puration's board of directors. I hereby accep	rpose of changing its registered the appointment as registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 617.0503, Florid	da Statutes.	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE .	Signature, typed or printed name of registered ag	nent and little if applicable (NOTE: F	Registered Agent signature rec	nuited when reinstaling)	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	TD	☐ DELETE	1.1 TITLE	PD	Change Addition
NAME	KIKEN, RUBEN		1.2 NAME		
STREET ADDRESS	1304 NE 191ST, #326		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	N. MIAMI BEACH FL PD	DELETE	1.4 City-St-ZiP 2.1 Title	This	↓
NAME	PERKINS, JERRY	A Detter	2.2 NAME	HENBERTO PILAR 304 NE 191 ST V. MIAMI BEACH, P	TE CHUNGO PAROSITION
STREET ADDRESS	2179 NE 179 ST		2.3 STREET ADDRESS	304 NE 191 ST	
CITY-ST-ZIP	N M BEACH FL		2.4 CITY+ST-ZIP	U. MIAMI BEACH, F	-233177
TITLE	\$D	☐ DELETE	3.1 TITLE		Change Addition
NAME	DEMOS, LINDA		3.2 NAME		
STREET ADDRESS	1304 NE 191 ST., #226		3.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH. FL	DELETE	3.4. CITY-ST-ZIP		Change Addition
TAILE NAME			4.1 TITLE 4.2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		ł
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		I Drietr	5.4 CITY - ST - ZIP		Change
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby 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:

Subru Viller

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FILED

Apr 13 1998 8:00am

Secretary of State

CHZE037 (10/9)