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**Feb 07 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 716473 (4)

1. Corporation Name
9500 OCEANS CONDOMINIUM, INC.



Principal Place of Business Mailing Address
**9511 COLLINS AVE.
SURFSIDE FL 33154** **9511 COLLINS AVE.
SURFSIDE FL 33154-2680**

3. Date Incorporated or Qualified 3a. Date of Last Report
05/01/1969 **05/01/1996**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number Applied For
59-1298394 Not Applicable

22 27
City & State City & State

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

23 28
Zip Country Zip Country

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution Added to Fees**

24 25 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEUTSCH, HAROLD
9511 COLLINS AVE
SURFSIDE FL 33154**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	NEWTON, FRED
STREET ADDRESS	9511 COLLINS AVE
CITY - ST - ZIP	SURFSIDE FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	DEUTSCH, HAROLD
STREET ADDRESS	9511 COLLINS AVE
CITY - ST - ZIP	SURFSIDE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	ROSEN, SHIRLEY
STREET ADDRESS	9511 COLLINS AVE
CITY - ST - ZIP	SURFSIDE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	SCHANZER, MARTIN
STREET ADDRESS	9511 COLLINS AVE
CITY - ST - ZIP	SURFSIDE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Date **Jan 30 1997** Daytime Phone # **003/0064**

CR2E037 (9/96)