


NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90007 028 ****61.25

DOCUMENT # 717039

1. Corporation Name
LAUDERDALE OAKS CONDOMINIUM II, INC.

Principal Place of Business: 3071 - 3081 N.W. 47 TERRACE LAUDERDALE LAKES FL 33313
Mailing Address: 3071 - 3081 N.W. 47 TERRACE LAUDERDALE LAKES FL 33313



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/20/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1353511 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	

9. Name and Address of Current Registered Agent DUGGAN, DONNETT 3071 N W 47 TH TERRACE SUITE 221 LAUDERDALE LAKES, FL LAUDERDALE LAKES FL 33313	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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: VP	NAME: DEFOUR, NESTOR	1.1 TITLE: JOHN ROSA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3081 NW 47TH TERRACE #008	CITY-ST-ZIP: LAUDERDALE LAKES FL 33313	1.2 NAME: 3071 N.W. 47TH TERRACE #116	
CITY-ST-ZIP: LAUDERDALE LAKES FL 33313		1.3 STREET ADDRESS: LAUDERDALE LAKES FL 33313	
CITY-ST-ZIP: LAUDERDALE LAKES FL 33313		1.4 CITY-ST-ZIP: LAUDERDALE LAKES FL 33313	
TITLE: D	NAME: REPPUCCI, THERESA	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3071 NE 47TH TERRACE #218	CITY-ST-ZIP: LAUDERDALE LAKES FL 33313	2.2 NAME:	
CITY-ST-ZIP: LAUDERDALE LAKES FL 33313		2.3 STREET ADDRESS:	
CITY-ST-ZIP: LAUDERDALE LAKES FL 33313		2.4 CITY-ST-ZIP:	
TITLE: T	NAME: TROTTIER, JACQUES	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3081 NW 47TH TERRACE #206	CITY-ST-ZIP: LAUDERDALE LAKES FL 33313	3.2 NAME:	
CITY-ST-ZIP: LAUDERDALE LAKES FL 33313		3.3 STREET ADDRESS:	
CITY-ST-ZIP: LAUDERDALE LAKES FL 33313		3.4 CITY-ST-ZIP:	
TITLE: D	NAME: WEINSTEIN, MARTHA	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3071 NW 47TH TERRACE #223	CITY-ST-ZIP: LAUDERDALE LAKES FL 33313	4.2 NAME:	
CITY-ST-ZIP: LAUDERDALE LAKES FL 33313		4.3 STREET ADDRESS:	
CITY-ST-ZIP: LAUDERDALE LAKES FL 33313		4.4 CITY-ST-ZIP:	
TITLE: D	NAME: GATTO, ANGELA	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3081 NW 47TH TERRACE	CITY-ST-ZIP: LAUDERDALE LAKES FL	5.2 NAME:	
CITY-ST-ZIP: LAUDERDALE LAKES FL		5.3 STREET ADDRESS:	
CITY-ST-ZIP: LAUDERDALE LAKES FL		5.4 CITY-ST-ZIP:	
TITLE: P	NAME: KALKANAJIAN, BARBARA	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3071 NW 47TH TERRACE #224	CITY-ST-ZIP: LAUDERDALE LAKES FL 33313	6.2 NAME:	
CITY-ST-ZIP: LAUDERDALE LAKES FL 33313		6.3 STREET ADDRESS:	
CITY-ST-ZIP: LAUDERDALE LAKES FL 33313		6.4 CITY-ST-ZIP:	

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, with all other like empowered.

SIGNATURE: [Signature] Jan, 08-1999 (954) 739-76
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #