

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 717204 (2)
1. Corporation Name
MEADOWBROOK TOWERS CONDOMINIUM "E", INC.

Principal Place of Business
619 NORTHEAST 14TH AVENUE
HALLANDALE FL 33009

Mailing Address
619 NORTHEAST 14TH AVENUE
HALLANDALE FL 33009

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/18/1969		3a. Date of Last Report 04/26/1995	
21		26		4. FEI Number 59-1286898		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

BERNFELD, ALAN L
619 NE 14TH AVE
HALLANDALE FL 33009

81 Name Anita L. Henigman
82 Street Address (P.O. Box Number is Not Acceptable)
619 NE 14 Ave.
83 Bldg E #206
84 City Hallandale FL 85 Zip Code 33009

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 Anita L. Henigman (NOTE: Registered Agent signature required when reappointing) DATE 5-22-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZANDMAN, ANNETTE	1.2 NAME	Anita L. Henigman
STREET ADDRESS	619 NE 14TH AVE	1.3 STREET ADDRESS	619 NE 14 Ave.
CITY - ST - ZIP	HALLANDALE FL	1.4 CITY - ST - ZIP	Hallandale, Fl.
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treas./Carmen Fraulo <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINKELSTEIN, RITA	2.2 NAME	619 NE 14 Ave.
STREET ADDRESS	619 NE 14TH AVE	2.3 STREET ADDRESS	Hallandale, Fl.
CITY - ST - ZIP	HALLANDALE FL	2.4 CITY - ST - ZIP	Hallandale, Fl.
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary/Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLUMNER, ETHEL	3.2 NAME	Reymundo Muscatomski
STREET ADDRESS	619 NE 14TH AVE	3.3 STREET ADDRESS	619 NE 14 Ave.
CITY - ST - ZIP	HALLANDALE FL	3.4 CITY - ST - ZIP	Hallandale, Fl.
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice Pres./Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FROMBERG, SYLVIA	4.2 NAME	Michael Legumto
STREET ADDRESS	619 NE 14TH AVE	4.3 STREET ADDRESS	619 NE 14 Ave.
CITY - ST - ZIP	HALLANDALE FL	4.4 CITY - ST - ZIP	Hallandale, Fl.
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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)(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: ANITA L. HENIGMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-96 (954) 454-4441
Date Daytime Phone

CR2E037 (12/95)