

**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 # **717367** (7)  
1. Corporation Name

**MEADOWBROOK TOWERS CONDOMINIUM "F", INC.**



Principal Place of Business: **620 NORTHEAST 12TH AVENUE HALLANDALE FL 33009**  
Mailing Address: **620 NORTHEAST 12TH AVENUE HALLANDALE FL 33009**

3. Date Incorporated or Qualified: **10/16/1969**  
3a. Date of Last Report: **03/03/1995**

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country

4. FEI Number: **59-1285784**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**MICELL, MIRIAM  
620 NE 12TH AVE  
HALLANDALE, FL  
33009**

**10. Name and Address of New Registered Agent**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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: *Miriam Micell*  
Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/1/96  
Date

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DANIELS, FRIEDA	
STREET ADDRESS	620 NE 12TH AVE	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	MICELL, MIRIAM	
STREET ADDRESS	620 N E 12TH AVE	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDMAN, RAE	
STREET ADDRESS	620 NE 12 AVE	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOTURE, PIERRE	
STREET ADDRESS	620 N E 12TH AVE	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTICHELLO, ELSIE	
STREET ADDRESS	620 NE 12TH AVE	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>UP DAVID ROSE</b>	
13 STREET ADDRESS	<b>620 NE 12TH AVE</b>	
14 CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *Miriam Micell* **MIRIAM MICELL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **3/1/96**  
Daytime Phone #

CR2E037 (12/95)