

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
4. FEI Number 59-1285784	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

MICELL, MIRIAM
620 NORTHEAST 12TH AVENUE
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	DANIELS, FRIEDA
STREET ADDRESS	620 NORTHEAST 12TH AVENUE #404
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	ST <input type="checkbox"/> DELETE
NAME	MICELL, MIRIAM
STREET ADDRESS	620 NORTHEAST 12TH AVENUE #407
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D <input type="checkbox"/> DELETE
NAME	ROSE, DAVID
STREET ADDRESS	620 NORTHEAST 12TH AVENUE #101
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	VP <input type="checkbox"/> DELETE
NAME	COOTURE, PIERRE
STREET ADDRESS	620 NORTHEAST 12TH AVENUE #205
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D <input type="checkbox"/> DELETE
NAME	MARTICHELLO, ELSIE
STREET ADDRESS	620 NORTHEAST 12TH AVENUE #303
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D <input type="checkbox"/> DELETE
NAME	WRIGHT, ANITA
STREET ADDRESS	620 NORTHEAST 12TH AVENUE #402
CITY-ST-ZIP	HALLANDALE FL 33009

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 _____

CR2E037 (10/97)