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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 717367

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



21	2. Principal Place of Business	2a. Mailing Address	26	3. Date Incorporated or Qualified	10/16/1969
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	4. FEI Number	901285784
23	City & State	City & State	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
			30	Trust Fund Contribution	<input type="checkbox"/>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MICELL, MIRIAM 620 NORTHEAST 12TH AVENUE HALLANDALE FL 33009		LANDMARK MANAGEMENT SERVICES, INC. 9000 SHERIDAN STREET SUITE 134 PEMBROKE PINES, FL 33024-8801	
		81 Name	85 Zip Code
		83	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: *[Signature]* DATE: 2/25/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D change <input checked="" type="checkbox"/> DELETE <input type="checkbox"/>	1.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIELS, FRIEDA	1.2 NAME	RALPH LIMONE
STREET ADDRESS	620 NORTHEAST 12TH AVENUE #404	1.3 STREET ADDRESS	620 NE 12th Ave #404
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D change <input checked="" type="checkbox"/> DELETE <input type="checkbox"/>	2.1 TITLE	D RITA LA MOINE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICELL, MIRIAM	2.2 NAME	
STREET ADDRESS	620 NORTHEAST 12TH AVENUE #407	2.3 STREET ADDRESS	620 NE 12th Ave #701
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE <input type="checkbox"/>	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE, DAVID	3.2 NAME	ROCK PIGEON
STREET ADDRESS	620 NORTHEAST 12TH AVENUE #101	3.3 STREET ADDRESS	620 NE 12th Ave #103
CITY-ST-ZIP	HALLANDALE FL 33009	3.4 CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	VP <input checked="" type="checkbox"/> DELETE <input type="checkbox"/>	4.1 TITLE	
NAME	COOTURE, PIERRE	4.2 NAME	
STREET ADDRESS	620 NORTHEAST 12TH AVENUE #205	4.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE <input type="checkbox"/>	5.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTICHELLO, ELSIE	5.2 NAME	MARCHITELLO, ELSIE
STREET ADDRESS	620 NORTHEAST 12TH AVENUE #303	5.3 STREET ADDRESS	620 NE 12th Ave #303
CITY-ST-ZIP	HALLANDALE FL 33009	5.4 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D <input type="checkbox"/> DELETE <input type="checkbox"/>	6.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, ANITA	6.2 NAME	WRIGHT, ANITINA
STREET ADDRESS	620 NORTHEAST 12TH AVENUE #402	6.3 STREET ADDRESS	620 NE 12th Ave #402
CITY-ST-ZIP	HALLANDALE FL 33009	6.4 CITY-ST-ZIP	HALLANDALE FL 33009

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0504, 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: MIRIAM MATIERE REQUIRED *[Signature]* DATE: 2/14/99

CR2E037 (11/98)