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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 01 1996 8:00 am
Secretary of State

DOCUMENT # 718990

(5)

1. Corporation Name

MOFFETT CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

C/O ANGELA M. DIAFERIO
808 MOFFETT STREET, #2
HALLANDALE FL 33009

C/O ANGELA M. DIAFERIO
808 MOFFETT STREET, #2
HALLANDALE FL 33009

3. Date Incorporated or Qualified
08/11/1970

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 C/O John Impellizeri

26 C/O John Impellizeri

4. FEI Number
59-1318645

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 808 Moffett St. #1

27 808 Moffett St. #1

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 Hallandale FL

28 Hallandale FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip 33009

25 Country Broward

29 Zip 33009

30 Country Broward

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIAFERIO, ANGELA
808 MOFFETT STREET, #2
HALLANDALE FL 33009

81 Name John Impellizeri

82 Street Address (P.O. Box Number is Not Acceptable)
808 Moffett St. #1

83

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DIAFERIA, A.
STREET ADDRESS 808 MOFFETT ST. #2
CITY-ST-ZIP HALLANDALE FL

DELETE

TITLE D
NAME DIAFERIO, A.
STREET ADDRESS 808 MOFFETT STREET #2
CITY-ST-ZIP HALLANDALE FL

DELETE

TITLE TD
NAME IMPELLIZERI, JOHN
STREET ADDRESS 808 MOFFETT ST. #1
CITY-ST-ZIP HALLANDALE FL

DELETE

TITLE S
NAME ALLEN, ZENIA S
STREET ADDRESS 108 MARSON AVE
CITY-ST-ZIP SCOTIA, NY 00000

DELETE

TITLE VP
NAME MARION, CELESTE
STREET ADDRESS 808 MOFFETT ST. #6
CITY-ST-ZIP HALLANDALE FL

DELETE

TITLE
NAME STEVEN Liebe
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

(PRESIDENT) DIRECTOR
MARION, Celeste
808 Moffett St. #6
Hallandale, FL.

(3) STEVEN Liebe (SECRETARY)
808 Moffett St. #2
Hallandale, FL
DIRECTOR

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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Impellizeri 2/12/96 305 456-8643

CR2E037 (12/95)

3-1-96