

FILE NOW: FILING FEE IS \$61.25

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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **718990** (5)
1. Corporation Name
MOFFETT CONDOMINIUM, INC.



Principal Place of Business C/O JOHN IMPELLIZERI 808 MOFFETT STREET, #1 HALLANDALE FL 33009	Mailing Address C/O JOHN IMPELLIZERI 808 MOFFETT STREET, #1 HALLANDALE FL 33009
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3. Date Incorporated or Qualified 08/11/1970	
4. FEI Number 59-1318645	Applied For <input type="checkbox"/> Not Applicable

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
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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 checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IMPELLIZERI, JOHN
808 MOFFETT STREET, #1
HALLANDALE FL 33009**

81. Name Celeste MARION
82. Street Address (P.O. Box Number is Not Acceptable) 808 MOFFETT ST #6
83. City HALLANDALE
84. Zip Code FL 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 *George Allen* **George Allen** DATE **2/23/98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE TD MARION, CELESTE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IMPELLIZERI, JOHN		1.2 NAME 808 MOFFETT ST #6	
STREET ADDRESS 808 MOFFETT ST. #1		1.3 STREET ADDRESS HALLANDALE FL.	
CITY-ST-ZIP HALLANDALE FL		1.4 CITY-ST-ZIP HALLANDALE FL.	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE PD LIEBE, STEVEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARION, CELESTE		2.2 NAME 808 MOFFETT ST #2	
STREET ADDRESS 808 MOFFETT ST. #6		2.3 STREET ADDRESS HALLANDALE FL.	
CITY-ST-ZIP HALLANDALE FL		2.4 CITY-ST-ZIP HALLANDALE FL.	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE D GEORGE ALLEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LIEBE, STEVEN		3.2 NAME 909 MOFFETT ST #8	
STREET ADDRESS 808 MOFFETT STREET #2		3.3 STREET ADDRESS HALLANDALE FL.	
CITY-ST-ZIP HALLANDALE FL		3.4 CITY-ST-ZIP HALLANDALE FL.	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Sandra B. Northam* **Sandra B. Northam** DATE **1/10/98** **9544521190**

CR2E037 (1097)