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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

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

3. Date Incorporated or Qualified: 08/11/1970
4. FEI Number: 59-1318645
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes [X] No []
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes [] No [X]

9. Name and Address of Current Registered Agent
IMPELLIZERI, JOHN
808 MOFFETT STREET, #1
HALLANDALE FL 33009

10. Name and Address of New Registered Agent
81 Name: Celeste MARION
82 Street Address (P.O. Box Number is Not Acceptable): 808 MOFFETT ST #6
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: *George Allen* (Signature) George ALLEN (Printed Name) 2/23/98 (Date)
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	IMPELLIZERI, JOHN	
STREET ADDRESS	808 MOFFETT ST. #1	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARION, CELESTE	
STREET ADDRESS	808 MOFFETT ST. #6	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LIEBE, STEVEN	
STREET ADDRESS	808 MOFFETT STREET #2	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TD MARION, CELESTE	
1.3 STREET ADDRESS	808 MOFFETT ST #6	
1.4 CITY-ST-ZIP	HALLANDALE FL.	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LIEBE, STEVEN	
2.3 STREET ADDRESS	808 MOFFETT ST #2	
2.4 CITY-ST-ZIP	HALLANDALE FL.	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	George ALLEN	
3.3 STREET ADDRESS	908 MOFFETT ST #8	
3.4 CITY-ST-ZIP	HALLANDALE FL.	
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)(l), 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: *Celeste Marion* (Signature) CELESTE MARION (Printed Name) 1/10/98 (Date) 9544527790 (ID Number)

CR2E037 (10/97)