


FILE NOW: FILING FEE IS \$61.25

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Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **719169** (5)
1. Corporation Name
MAJESTIC GARDENS CONDOMINIUM C ASSOCIATION, INC.



Principal Place of Business ASSOCIATION INC 4045 NW 16TH ST. LAUDERHILL FL 33313 US	Mailing Address ASSOCIATION INC 4045 NW 16TH ST. LAUDERHILL FL 33313-5850 US
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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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3. Date Incorporated or Qualified 08/20/1970	3a. Date of Last Report 02/26/1996
4. FEI Number 59-1349295	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HANSEN, JEFFREY 4045 NW 16TH ST. LAUDERHILL FL 33313	
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10. Name and Address of New Registered Agent 81 Name JOEL COHEN 82 Street Address (P.O. Box Number is Not Acceptable) 4045 N.W. 16th St. 83 84 City LAUDERHILL FL 85 Zip Code 33313	
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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 *Joel Cohen* PRES 5/7/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	COHEN, JOEL
STREET ADDRESS	4045 NW 16TH STREET
CITY-ST-ZIP	LAUDERHILL FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	KNIGHT, BETTY
STREET ADDRESS	4045 NW 16TH STREET
CITY-ST-ZIP	LAUDERHILL FL
TITLE	<input type="checkbox"/> DELETE
NAME	GANGIAN, BLANCHE
STREET ADDRESS	4045 NW 16TH STREET
CITY-ST-ZIP	LAUDERHILL FL
TITLE	<input type="checkbox"/> DELETE
NAME	LENIHAN, MARY
STREET ADDRESS	4045 NW 16TH ST.
CITY-ST-ZIP	LAUDERHILL, FL 00000
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	WELLS, BONNIE
STREET ADDRESS	4045 NW 16TH ST.
CITY-ST-ZIP	LAUDERHILL, FL 00000
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	HANSEN, JEFFREY
STREET ADDRESS	3200 NE 36TH STREET
CITY-ST-ZIP	FORT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARVIN WICKLINE
1.3 STREET ADDRESS	4045 N.W. 16th St.
1.4 CITY-ST-ZIP	LAUDERHILL, FL 33313
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	AL. SKALACKY
2.3 STREET ADDRESS	4045 N.W. 16th St
2.4 CITY-ST-ZIP	LAUDERHILL, FL 33313
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GASTON MASSICOTTE
3.3 STREET ADDRESS	4045 N.W. 16th St.
3.4 CITY-ST-ZIP	LAUDERHILL, FL 33313
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CECIL VIGNEAULT
4.3 STREET ADDRESS	4045 N.W. 16th St.
4.4 CITY-ST-ZIP	LAUDERHILL, FL 33313
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 do 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 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 *Joel Cohen* 6-10-97 954-942

CR2E037 (9/96)