

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -6 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719324 (6)
1. Corporation Name
FIFTY SIX SIXTY COLLINS AVE. CONDOMINIUM, INC.

Principal Place of Business Mailing Address
5660 COLLINS AVE. MIAMI BEACH FL 33140 US
5660 COLLINS AVE. MIAMI FL 33140 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/16/1970	3a. Date of Last Report 03/01/1994
4. FEI Number 59-1310100	Applied For 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

MILLER, PHYLLIS
5660 COLLINS AVENUE
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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
NAME	KRAMER, ROSE
STREET ADDRESS	5660 COLLINS AVE. 5A
CITY-ST-ZIP	MIAMI BCH, FL 00000
TITLE	SD
NAME	SCHWARZ, KATHY
STREET ADDRESS	5660 COLLINS AVE. 3C
CITY-ST-ZIP	MIAMI BCH, FL 00000
TITLE	VPD
NAME	DEUTSCH, MELVIN
STREET ADDRESS	5660 COLLINS AVE. 4D
CITY-ST-ZIP	MIAMI BCH, FL 00000
TITLE	VPD
NAME	RADIN, IRVING
STREET ADDRESS	5660 COLLINS AVE. 12A
CITY-ST-ZIP	MIAMI BCH, FL 00000
TITLE	PD
NAME	MILLER, PHYLLIS
STREET ADDRESS	5660 COLLINS AVE. 18C
CITY-ST-ZIP	MIAMI BCH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD POPHAM, LEE
2.3 STREET ADDRESS	5660 COLLINS AVE. 4C
2.4 CITY-ST-ZIP	MIAMI BCH, FL 00000
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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 reported, or on an attachment with an addition).

SIGNATURE:

Phyllis Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Typed Name)