

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

3. Date Incorporated or Qualified **09/16/1970** 3a. Date of Last Report **03/06/1995**

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

4. FEI Number **59-1310100** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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 617.0509, Florida Statutes.

SIGNATURE *Phyllis Miller* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	KRAMER, ROSE	
STREET ADDRESS	5660 COLLINS AVE. 5A	
CITY-ST-ZIP	MIAMI BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	POPHAM, LEE	
STREET ADDRESS	5660 COLLINS AVE 4C	
CITY-ST-ZIP	MIAMI BCH, FL 00000	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DEUTSCH, MELVIN	
STREET ADDRESS	5660 COLLINS AVE. 4D	
CITY-ST-ZIP	MIAMI BCH, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RADIN, IRVING	
STREET ADDRESS	5660 COLLINS AVE. 12A	
CITY-ST-ZIP	MIAMI BCH, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, PHYLLIS	
STREET ADDRESS	5660 COLLINS AVE. 18C	
CITY-ST-ZIP	MIAMI BCH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VPD
3.3 STREET ADDRESS	DUBLIN, EDWARD
3.4 CITY-ST-ZIP	5660 COLLINS AVE. 11E MIAMI BEACH, FL. 00000
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 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 if changed, or on an attachment with an address.

SIGNATURE: *Phyllis Miller* DATE \_\_\_\_\_ DAY/TIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)