


2-26-98 B-2594 e  
 FILE NOW: FILING FEE IS \$61.25

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 Feb 26 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719324 (6)**

1. Corporation Name  
**FIFTY SIX SIXTY COLLINS AVE. CONDOMINIUM, INC.**



Principal Place of Business <b>5680 COLLINS AVE.          MIAMI BEACH FL 33140          US</b>	Mailing Address <b>5680 COLLINS AVE.          MIAMI FL 33140          US</b>
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3. Date Incorporated or Qualified <b>09/16/1970</b>	
4. FEI Number <b>59-1310100</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input 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 type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**MILLER, PHYLLIS  
 5680 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	85 Zip Code

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 *Phyllis Miller* DATE **2/19/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>KRAMER, ROSE</b>	
STREET ADDRESS	<b>5680 COLLINS AVE. 5A</b>	
CITY-ST-ZIP	<b>MIAMI BCH, FL 00000</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>POPHAM, LEE</b>	
STREET ADDRESS	<b>5680 COLLINS AVE 4C</b>	
CITY-ST-ZIP	<b>MIAMI BCH, FL 00000</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOLDBLOOM, GEORGE</b>	
STREET ADDRESS	<b>5680 COLLINS AVE PH-B</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>RADIN, IRVING</b>	
STREET ADDRESS	<b>5680 COLLINS AVE. 12A</b>	
CITY-ST-ZIP	<b>MIAMI BCH, FL 00000</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, PHYLLIS</b>	
STREET ADDRESS	<b>5680 COLLINS AVE. 18C</b>	
CITY-ST-ZIP	<b>MIAMI BCH, FL 00000</b>	
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	<b>SECRETARY</b>
2.3 STREET ADDRESS	<b>CETLIN, EDWARD</b>
2.4 CITY-ST-ZIP	<b>5660 COLLIND AVE. 11D</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MIAMI BEACH, FL. 00000</b>
3.3 STREET ADDRESS	<b>2nd VICE PRES.</b>
3.4 CITY-ST-ZIP	<b>KENNETH REKANT</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>5660 COLLINS AVE. 15E</b>
4.3 STREET ADDRESS	<b>MIAMI BEACH, FL</b>
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: *Phyllis Miller* DATE: **2/18/98**

CR2E037 (10/97)