


FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 721792 (0) 1. Corporation Name NARANJA LAKES CONDOMINIUM NO. ONE INC.		



Principal Place of Business C/O STANLEY G. TATE, RECEIVER 1175 N.E. 125TH STREET, SUITE 102 NORTH MIAMI FL 33161		Mailing Address C/O STANLEY G. TATE, RECEIVER 1175 N.E. 125TH STREET, SUITE 102 NORTH MIAMI FL 33161	
2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified 09/28/1971	
4. FEI Number 59-1551246	Applied For <input type="checkbox"/> Yes <input checked="" 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent STANLEY, TATE, RECEIVER 1175 N.E. 21ST. STREET STE. 102 NORTH MIAMI FL 33161	
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10. Name and Address of New Registered Agent 81 Name STANLEY G. TATE, RECEIVER 82 Street Address (P.O. Box Number is Not Acceptable) 1175 N.E. 125TH STREET 83 Suite 102 84 City NORTH MIAMI FL 85 Zip Code 33161	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D SEEM, DONALD
STREET ADDRESS	% STANLEY, TATE, REC. 1175 N.E. 125TH 102
CITY-ST-ZIP	NORTH MIAMI FL 33161
TITLE	<input type="checkbox"/> DELETE
NAME	TD LEVY, GEORGE
STREET ADDRESS	1175 N.E. 125TH ST., STE. 102
CITY-ST-ZIP	NORTH MIAMI FL 33161
TITLE	<input type="checkbox"/> DELETE
NAME	S FULD, ADOLF
STREET ADDRESS	1175 N.E. 125TH ST., STE 102
CITY-ST-ZIP	NORTH MIAMI FL 33161
TITLE	<input type="checkbox"/> DELETE
NAME	VPD NYKERK, HENRY
STREET ADDRESS	1175 N.E. 125TH ST., STE. 102
CITY-ST-ZIP	NORTH MIAMI FL 33161
TITLE	<input type="checkbox"/> DELETE
NAME	VPD NYKERK, HENRY
STREET ADDRESS	14253 S.W. 280 STREET
CITY-ST-ZIP	NARANJA FL
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 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 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 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: [Signature] 4/30/98 (305) 891-1106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031707

CR2E037 (10/97)