

**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 # 724287 (8)

1. Corporation Name

MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #4, INC.



Principal Place of Business

Mailing Address

420 N.E. 12TH AVE.  
HALLANDALE FL 33009-4543

420 N.E. 12 AVE.  
HALLANDALE FL 33009-4543  
US

3. Date Incorporated or Qualified: 09/06/1972  
3a. Date of Last Report: 03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number: 59-1444265  
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

10. Name and Address of New Registered Agent

COSLOW LEO J  
420 NE 12 AVE  
#306  
HALLANDALE FL 33009

81 Name: Molly Buchholz  
82 Street Address (P.O. Box Number is Not Acceptable): 420 NE 12 AVE  
83 HALLANDALE  
84 City: HALLANDALE  
85 State: FL  
86 Zip Code: 33009

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

*Mollie Buchholz*

Molly Buchholz

2/28/96

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	COSLOW, LEO J	
STREET ADDRESS	420 NE 12 AVE., #306	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BUCHHOLZ, MOLLY	
STREET ADDRESS	420 N.E. 12 AVE., #406	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VALVANO, JERRY	
STREET ADDRESS	420 NE 12 AVE., #107	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COULOMBE, LUCILLE	
STREET ADDRESS	420 NE 12TH AVE #707	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHWARZ, RHODA	
STREET ADDRESS	420 N.E. 12 AVE., #708	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COSLOW, LEO	
STREET ADDRESS	420 NE 12TH AVE	
CITY-ST-ZIP	HALLANDALE FL	

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	PD	<input checked="" 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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BEATRICE SCHWIMMER	
6.3 STREET ADDRESS	420 NE 12 AVE	
6.4 CITY-ST-ZIP	HALLANDALE FL 33009	

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:

*Mollie Buchholz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/96

601-451-1100

CR2E037 (12/95)