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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724287 (8)

1. Corporation Name
MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #4, INC.



Principal Place of Business 420 N.E. 12TH AVE. HALLANDALE FL 33009-4543	Mailing Address 420 N.E. 12 AVE. HALLANDALE FL 33009-4543 US
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3. Date Incorporated or Qualified 09/06/1972		
4. FEI Number 59-1444265	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**BUCHHOLZ, MOLLY
420 NE 12TH AVENUE
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name J. HOWARD JOHNSON		
82 Street Address (P.O. Box Number is Not Acceptable) 420 N.E. 12th AVENUE		
83		
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 fully aware of and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *J. Howard Johnson* DATE: **2/23/1998**

(NOTE: Registered Agent signature is required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	NAME BUCHHOLZ, MOLLY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 420 N.E. 12 AVE., #406	CITY-ST-ZIP HALLANDALE, FL 00000	
TITLE VD	NAME VALVANO, JERRY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 420 NE 12 AVE., #107	CITY-ST-ZIP HALLANDALE, FL 00000	
TITLE D	NAME BELANGER, IDA	<input type="checkbox"/> DELETE
STREET ADDRESS 420 NE 12 AVE #602	CITY-ST-ZIP HALLANDALE, FL 00000	
TITLE SD	NAME SCHWARZ, RHODA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 420 N.E. 12 AVE., #708	CITY-ST-ZIP HALLANDALE FL	
TITLE TD	NAME SCHWIMMER, BEATRICE	<input type="checkbox"/> DELETE
STREET ADDRESS 420 NE 12TH AVENUE	CITY-ST-ZIP HALLANDALE FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME J. HOWARD JOHNSON	
1.3 STREET ADDRESS 420 N.E. 12 AVE. # 701	
1.4 CITY-ST-ZIP HALLANDALE, FL	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME PAVEL DJULVEZAN	
2.3 STREET ADDRESS 420 N.E. 12th AVE. # 402	
2.4 CITY-ST-ZIP HALLANDALE, FL	
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 SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME DOROTHY BONOMO	
4.3 STREET ADDRESS 420 N.E. 12th AVE. #203	
4.4 CITY-ST-ZIP HALLANDALE, FL	
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: *J. Howard Johnson* T. HOWARD JOHNSON 2/19/98 454-3644

CR2E037 (10/97)