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Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724288 (6)

1. Corporation Name

MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #3,  
INC.



Principal Place of Business 500 N.E. 12TH AVE., APT 202 500 N.E. 12TH AVE. APT. #704 HALLANDALE FL 33009-3641	Mailing Address 500 NE 12TH AVE APT 201 500 N.E. 12TH AVE. APT. #704 HALLANDALE FL 33009-3641 US
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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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3. Date Incorporated or Qualified 09/06/1972	4. FEI Number 59-1444755	Applied For 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 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		

9. Name and Address of Current Registered Agent BAER, MARY 500 N.E. 12TH AVE APT 201 HALLANDALE FL 33009
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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
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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	PD <input type="checkbox"/> DELETE
NAME	SMKOFF, ELSIE
STREET ADDRESS	500 NE 12TH AVE
CITY-ST-ZIP	HALLANDALE, FL 00000
TITLE	T <input type="checkbox"/> DELETE
NAME	STEINFELD, FAY
STREET ADDRESS	500 NE 12TH AVE
CITY-ST-ZIP	HALLANDALE, FL 00000
TITLE	SD <input type="checkbox"/> DELETE
NAME	KLAPPER, BEATRICE
STREET ADDRESS	500 NE 12TH AVE
CITY-ST-ZIP	HALLANDALE, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	QUENNEVILLE, ALEXIS
STREET ADDRESS	400 NE 12TH AVE.
CITY-ST-ZIP	HALLANDALE, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	MAYER, NADINE
STREET ADDRESS	500 NE 12 AVE
CITY-ST-ZIP	HALLANDALE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	BAER, MARY
STREET ADDRESS	500 N.E. 12TH AVE.
CITY-ST-ZIP	HALLANDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD ALEXIS QUENNEVILLE
1.3 STREET ADDRESS	500 N.E. 12 AVE.
1.4 CITY-ST-ZIP	HALLANDALE, FL. 33009
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	T FRANKLINE CARRIER
2.3 STREET ADDRESS	500 NE 12 AVE
2.4 CITY-ST-ZIP	HALLANDALE, FL 33009
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD KLAPPER, BEATRICE
3.3 STREET ADDRESS	500 N.E. 12 AVE.
3.4 CITY-ST-ZIP	HALLANDALE, FL 33009
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D JULIA ANSELMO
4.3 STREET ADDRESS	500 N.E. 12 AVE.
4.4 CITY-ST-ZIP	HALLANDALE, FL 33009
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	VD MINNA LEB
6.3 STREET ADDRESS	500 N.E. 12 AVE.
6.4 CITY-ST-ZIP	HALLANDALE FL 33009

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 any address.

SIGNATURE: Minna LeB VP. 4/1/98

CR2E037 (10/97)