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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725082

1. Corporation Name
WINSTON TOWERS 300 ASSOCIATION INC

Principal Place of Business	Mailing Address
230-174 ST. MIAMI BEACH FL 33160	230-174 ST. MIAMI BEACH FL 33160

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
12/19/1972

4. FEI Number
59-1457500
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KALLICHE, ANTHONY A
BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DR. #100
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	ARONOFF, LOUIS		1.2 NAME	ELEANOR BRANDMAN	
STREET ADDRESS	230 -174TH ST STE 1618		1.3 STREET ADDRESS	230 174TH ST, ST 2211	
CITY-ST-ZIP	MIAMI BEACH FL 33160		1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33160	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ELBRAND, NORMAN		2.2 NAME		
STREET ADDRESS	230-174TH ST STE 2302		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33160		2. 4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SNYDERMAN, RUTH		3.2 NAME		
STREET ADDRESS	174TH ST STE 1108		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33160		3.4. CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NACKSON, CLARA		4. 2 NAME		
STREET ADDRESS	230-174TH ST STE 519		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33160		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	OSIAS, RUTH		5.2 NAME		
STREET ADDRESS	230-174TH ST APT 1419		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33160		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SOLOMON, MARTIN		6.2 NAME		
STREET ADDRESS	230-174TH ST APT 1107		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33160		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 01/28/99 (305)932-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #