

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 # 725185 (3)  
1. Corporation Name  
RO-MONT SOUTH GREEN CONDOMINIUM "TWX" INC



Principal Place of Business Mailing Address  
20110 N.E. 2ND AVE 20110 N.E. 2ND AVE  
NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/22/1972		3a. Date of Last Report 03/07/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1645909		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOSEPHS, JOSEPH 20180 NE 2ND AVE N. MIAMI BEACH FL 33179				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 617.1506, 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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PH D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOBEL, PHILIP			1.2 NAME			
STREET ADDRESS	20220 NE 2ND AVENUE			1.3 STREET ADDRESS			
CITY - ST - ZIP	N MIAMI BCH, FL 00000			1.4 CITY - ST - ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOSEPH, JOSEPHS			2.2 NAME	Cohen, Sara		
STREET ADDRESS	20180 NE 2ND AVENUE			2.3 STREET ADDRESS	20180 NE 2nd Ave #12		
CITY - ST - ZIP	N MIAMI BCH, FL 00000			2.4 CITY - ST - ZIP	NMS FL TD		
TITLE	VPD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAMUELS, MONTY			3.2 NAME			
STREET ADDRESS	20180 NE 2ND AVENUE			3.3 STREET ADDRESS			
CITY - ST - ZIP	N MIAMI BCH, FL 00000			3.4 CITY - ST - ZIP			
TITLE	SA P	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSENSTOCK, JACK			4.2 NAME			
STREET ADDRESS	202 NE 2ND TERRACE			4.3 STREET ADDRESS			
CITY - ST - ZIP	NORTH MIAMI BEACH FL			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

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: Philip Sobel 11/6/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)