

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725763 (7)

1. Corporation Name

IMPERIAL HOUSE CONDOMINIUM, INC.



Principal Place of Business

**5255 COLLINS AVE.
MIAMI BEACH FL 33140**

Mailing Address

**% THE CONTINENTAL GROUP
20815 NE 16TH AVE., STE B-14
N. MIAMI BCH. FL 33179
US**

3. Date Incorporated or Qualified

03/12/1973

3a. Date of Last Report

03/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1552004

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

Zip

Country

29

Zip

Country

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

**CYPEN, STEPHEN
825 ARTHUR GODFREY ROAD
MIAMI BEACH FL**

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

Signature typed or printed name of registered agent (if not applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BASKI, EUGENE	
STREET ADDRESS	5255 COLLINS AVE., APT. 8-G	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HABER, LEONARD D	
STREET ADDRESS	5255 COLLINS AVENUE, APT. 10J	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GOLDBERG, RUTH	
STREET ADDRESS	5255 COLLINS AVE., APT. 14E	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MONAT, ANN	
STREET ADDRESS	5255 COLLINS AVE., APT. 4-F	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AVICK, BEN	
STREET ADDRESS	5255 COLLINS AVE APT 14B/C	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MENIN, BARRY	
STREET ADDRESS	5255 COLLINS AVE., APT. 8-J	
CITY-ST-ZIP	MIAMI BCH FL	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	P ROYCE, JOAN
13 STREET ADDRESS	5255 COLLINS AVE. APT. 7-G
14 CITY-ST-ZIP	MIAMI BEACH, FL 33140
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	S HARRIS, MARTHA
33 STREET ADDRESS	5255 COLLINS AVE APT. 9-H
34 CITY-ST-ZIP	MIAMI BEACH, FL 33140
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	T RUBELL MERA
43 STREET ADDRESS	5255 COLLINS AVE. APT. 6-E
44 CITY-ST-ZIP	MIAMI BEACH, FL 33140
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	D MONAT, ANN
53 STREET ADDRESS	5255 COLLINS AVE. APT 4-F
54 CITY-ST-ZIP	MIAMI BEACH, FL 33140
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	D BASKI, EUGENE
63 STREET ADDRESS	5255 COLLINS AVE. APT. 8-G
64 CITY-ST-ZIP	MIAMI BEACH, FL 33140

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96

Signature Printed Name

CR2E037 (12/95)