

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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**

4. FEI Number  
**59-1552004**

Applied For  
☐ Not Applicable

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**

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

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

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	ROYCE, JOAN	1.2 NAME	HABER, LEONARD
STREET ADDRESS	5255 COLLINS AVENUE, APT. 7-G	1.3 STREET ADDRESS	5255 Collins Ave, 10J
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	Miami Beach, FL
TITLE	VP	2.1 TITLE	VP
NAME	HABER, LEONARD D	2.2 NAME	AARON GOLDMAN
STREET ADDRESS	5255 COLLINS AVENUE, APT. 10J	2.3 STREET ADDRESS	5255 Collins Ave, 6A
CITY-ST-ZIP	MIAMI BCH FL	2.4 CITY-ST-ZIP	Miami Beach, FL
TITLE	S	3.1 TITLE	S
NAME	HARRIS, MARTHA	3.2 NAME	ANN MONAT
STREET ADDRESS	5255 COLLINS AVENUE, APT. 9-H	3.3 STREET ADDRESS	5255 Collins Ave 11D
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	Miami Beach, FL
TITLE	T	4.1 TITLE	T
NAME	RUBELL, MERA	4.2 NAME	STEVE TALLENT
STREET ADDRESS	5255 COLLINS AVENUE, APT. 6-E	4.3 STREET ADDRESS	5255 Collins Ave 4E
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	Miami Beach, FL
TITLE	D	5.1 TITLE	D
NAME	MONAT, ANN	5.2 NAME	ANDRE BERNARD
STREET ADDRESS	5255 COLLINS AVENUE, APT. 4-F	5.3 STREET ADDRESS	5255 Collins Ave 15B
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	Miami Beach, FL
TITLE	D	6.1 TITLE	D
NAME	BASKI, EUGENE	6.2 NAME	EMANUEL HATYGEORGE
STREET ADDRESS	5255 COLLINS AVENUE, APT. 8-G	6.3 STREET ADDRESS	5255 Collins Ave, 7F
CITY-ST-ZIP	MIAMI BEACH FL	6.4 CITY-ST-ZIP	Miami Beach, FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)

FILED  
Jul 30 1998 8:00am  
Secretary of State

