

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 # 727101 (8)

1. Corporation Name

MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #6, INC.



Principal Place of Business

Mailing Address

901 N.E. 14 AVE.
HALLANDALE FL 33009

901 N.E. 14 AVE.
HALLANDALE FL 33009

3. Date Incorporated or Qualified
03/13/1973

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-1511002

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

MAJOR, JEAN
901 NE 14TH AVE
HALLANDALE FL 33009

81 Name

Casper A. Campana

82 Street Address (P.O. Box Number is Not Acceptable)

901 NE 14th Ave #307

83

Hallandale Florida, 33009

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 *Casper A. Campana* Casper Campana

DATE 5/2/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD MAJOR, JEAN	<input checked="" type="checkbox"/> DELETE
NAME	901 NE 14 AVE	
STREET ADDRESS	HALLANDALE FL	
CITY - ST - ZIP		
TITLE	VD SOLOMON, ISAAC	<input type="checkbox"/> DELETE
NAME	901 NE 14TH AVE	
STREET ADDRESS	HALLANDALE FL	
CITY - ST - ZIP		
TITLE	TS CAMPANA, CASPER	<input checked="" type="checkbox"/> DELETE
NAME	901 NE 14 AVE	
STREET ADDRESS	HALLANDALE FL	
CITY - ST - ZIP		
TITLE	VD GOLDEN, ALBERT	<input checked="" type="checkbox"/> DELETE
NAME	901 NE 14TH AVE	
STREET ADDRESS	HALLANDALE, FL 00000	
CITY - ST - ZIP		
TITLE	VP BERECK, AARON	<input type="checkbox"/> DELETE
NAME	901 NE 14TH AVE	
STREET ADDRESS	HALLANDALE, FL 00000	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD Casper Campana	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	901 NE 14th Ave, #307	
1.3 STREET ADDRESS	Hallandale Fl., 33009	
1.4 CITY - ST - ZIP		
2.1 TITLE	VD Lucille Hartman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	901 NE 14th Ave	
2.3 STREET ADDRESS	Hallandale Fl. 33009	
2.4 CITY - ST - ZIP		
3.1 TITLE	TD Elaine GrossoManides	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hallandale Fl., 33009	
3.3 STREET ADDRESS	VD Samuel Katzoff	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.4 CITY - ST - ZIP	901 NE 14th Ave, #208	
4.1 TITLE	Hallandale Fl. 33009	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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		
6.3 STREET ADDRESS		
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: *Casper A. Campana*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/96

Date

Daytime Phone #

CR2E037 (12/95)