

FILE NOW: FILING FEE IS \$61.25

FILED

May 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727101 (8)

1. Corporation Name
MEADOWBROOK CONDOMINIUM APARTMENTS BUILDING #6, INC.



Principal Place of Business 901 N.E. 14 AVE. HALLANDALE FL 33009	Mailing Address 901 N.E. 14 AVE. HALLANDALE FL 33009-2754
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3. Date Incorporated or Qualified 03/13/1973	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1511002	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**CAMPANA, CASPER A
901 NE 14TH AVENUE
SUITE 307
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81. Name Jessie Smith	85. Zip Code FL
82. Street (P.O. Box Number is Not Acceptable) 901 NE 14th AVENUE APT 508	
83. City HALLANDALE, FL 33009	
84. City	

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: *Jessie H. Smith* DATE: **4-29-97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME CAMPANA, CASPER	1.1 TITLE PD	1.2 NAME Jessie Smith
STREET ADDRESS 901 NE 14TH AVE, #307	CITY-ST-ZIP HALLANDALE FL	1.3 STREET ADDRESS 900 NE 14th Ave. #508	1.4 CITY-ST-ZIP HALLANDALE, FL 33009
TITLE VD	NAME HARTMAN, LUCILLE	2.1 TITLE VP	2.2 NAME MAJOR, JEANNINE M
STREET ADDRESS 901 NE 14TH AVE	CITY-ST-ZIP HALLANDALE FL	2.3 STREET ADDRESS 901 NE 14th AVE. #505	2.4 CITY-ST-ZIP HALLANDALE, FL 33009
TITLE TD	NAME GROSSOMANIDES, ELAINE	3.1 TITLE SEC. D	3.2 NAME Lucille Hartman
STREET ADDRESS 901 NE 14TH AVE, #403	CITY-ST-ZIP HALLANDALE FL	3.3 STREET ADDRESS 900 NE 14th Ave. 104	3.4 CITY-ST-ZIP HALLANDALE, FL 33009
TITLE VD	NAME KATZOFF, SAMUEL	4.1 TITLE VP	4.2 NAME WEIS, JOEL
STREET ADDRESS 901 NE 14TH AVE #208	CITY-ST-ZIP HALLANDALE, FL 00000	4.3 STREET ADDRESS 901 NE 14th AVE #306	4.4 CITY-ST-ZIP HALLANDALE, FL 33009
TITLE VP	NAME BERECK, AARON	5.1 TITLE TR. D	5.2 NAME PATRICIA M. PERRON
STREET ADDRESS 901 NE 14TH AVE	CITY-ST-ZIP HALLANDALE, FL 00000	5.3 STREET ADDRESS 901 NE 14th AVE. #707	5.4 CITY-ST-ZIP HALLANDALE, FL 33009
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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14. I do 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: *Jessie H. Smith* DATE: **4-29-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)