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 # 727318 (8)

1. Corporation Name

THE CONQUEROR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~3948 NE 169TH STREET~~ ~~N. MIAMI BEACH FL 33160~~	~~3948 NE 169TH STREET~~ ~~N. MIAMI BEACH FL 33160~~

3. Date Incorporated or Qualified: 08/30/1973

3a. Date of Last Report: 01/27/1995

2. Principal Place of Business	2a. Mailing Address
21 Development Consultants Inc	26 Development Consultants Inc.
Suite, Apt. #, etc. 22 2901 Simms Street	Suite, Apt. #, etc. 27 2901 Simms Street
City & State 23 Hollywood, FL	City & State 28 Hollywood, FL
Zip / Country 24 33020 / 25 Broward	Zip / Country 29 33020 / 30 Broward

4. FEI Number: 59-1882599 ☐ 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

~~PISANO, PATRICIA~~
~~9745 NE 171 ST., #79~~
~~N MIAMI BEACH FL 33160~~

10. Name and Address of New Registered Agent

81 Name: Andrew Meyrowitz
82 Street Address (P.O. Box Number is Not Acceptable): c/o Development Consultants Inc.
83: 2901 Simms Street
84 City: Hollywood **FL** 85 Zip Code: 33020

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 617.0505, Florida Statutes.

SIGNATURE _____ 2/14/96
Signature required 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T GONZALO DERAMON 3948 NE 169 ST , #501 NMB FL 33160	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Guy Girard 3948 NE 169 ST, #202 NMB FL 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GLICK, AL 3948 NE 169TH ST N MIAMI BCH FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP Paul Gilje 3948 NE 169 ST, #606 NMB FL 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PISANO, VINCENT 3948 NE 169TH ST N MIAMI BEACH FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Lynne Cohen 3948 NE 169 ST, #504 NMB FL 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIORDANO, DANIEL 3948 NE 169TH ST N MIAMI BEACH FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Robert Kircher 3948 NE 169 ST, #200 NMB FL 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRIEDMAN, JERRY 3948 NE 169 ST. N MIAMI BEACH FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Aleyda Valdez 3948 NE 169 ST, #402 NMB FL 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCKINNON, RICHARD 3948 NE 169 ST, #302 NMB FL 33160	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Ruth Gross 3948 NE 169 ST, #501 NMB FL 33160	☐ Change ☒ Addition

CR2E037 (12/95)

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: Guy Girard, President Guy Girard 02-14-96 (305) 944-9441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #