

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).

FILED  
 Jul 23 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 728015 (9)**  
 1. Corporation Name  
**THE OLYMPUS ASSOCIATION, INC.**



Principal Place of Business 500 THREE ISLANDS BLVD. HALLANDALE FL 33009	Mailing Address 500 THREE ISLANDS BLVD. HALLANDALE FL 33009
---	---

3. Date Incorporated or Qualified  
**11/14/1973**

4. FEI Number <b>59-1497116</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
------------------------------------	---

21. Principal Place of Business Suite, Apt. #, etc. 22. City & State 23. Zip Country	2a. Mailing Address Suite, Apt. #, etc. 27. City & State 29. Zip Country
---	---

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

**BRAUN, MARK**  
**500 3 ISLAND BLVD**  
**HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ABRAMS, PATRICIA	
STREET ADDRESS	600 3 ISLAND BLVD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SUPERFINE, EARL	
STREET ADDRESS	500-3 ISLAND BLVD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOROWITZ, LEO	
STREET ADDRESS	600 3 ISLANDS BLVD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SUPERFINE, EARL	
STREET ADDRESS	500 3 ISLANDS BLVD	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NOWELL, MARTHA	
STREET ADDRESS	2500 PARKVIEW DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HURWITZ, HYMAN	
STREET ADDRESS	600-3 ISLANDS BLVD	
CITY-ST-ZIP	HALLANDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ABRAMS, PATRICIA	
1.3 STREET ADDRESS	500 3 ISLAND BLVD	
1.4 CITY-ST-ZIP	HALLANDALE, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SCHERLINE, STUART	
4.3 STREET ADDRESS	2500 PARKVIEW DR	
4.4 CITY-ST-ZIP	HALLANDALE, FL	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GILLMAN ELAINE	
5.3 STREET ADDRESS	2500 PARKVIEW DR	
5.4 CITY-ST-ZIP	HALLANDALE, FL	
6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LEON, LEE	
6.3 STREET ADDRESS	600 3 ISLANDS BLVD.	
6.4 CITY-ST-ZIP	HALLANDALE 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: *Earl Superfine* Date: **7/10/98** (954) 486-8886

CR2E037 (5/98)