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Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747051 (1)
1. Corporation Name
OLD DIXIE CONDOMINIUM WAREHOUSE ASSOCIATION, INC



Principal Place of Business Mailing Address
1310 S KILLIAN DR #104 LAKE PARK FL 33403
1310 S KILLIAN DR #104 LAKE PARK FL 33403-1828

3. Date Incorporated or Qualified 05/03/1979
3a. Date of Last Report 06/10/1996
4. FEI Number 59-2304339
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

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
BENZ, SUSAN
17679 103RD TERRACE
JUPITER FL 33478-4701

10. Name and Address of New Registered Agent
81 Name ASHTON, LESLIE
82 Street Address (P.O. Box Number is Not Acceptable) 6099 ADAMS ST
83
84 City PALM BEACH GARDENS FL 85 Zip Code 33418

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 *Leslie Ashton* LESLIE ASHTON, PRESIDENT JAN 17, 1997
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	<input type="checkbox"/> DELETE
NAME	BANK, LESLIE	
STREET ADDRESS	1310 S. KILLIAN DR. #104	
CITY - ST - ZIP	LAKE PARK FL 33403	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LUMB, HENRY	
STREET ADDRESS	1310 S. KILLIAN DR. #104	
CITY - ST - ZIP	LAKE PARK FL 33403	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WHITE, KAREN	
STREET ADDRESS	1310 S. KILLIAN DR. #104	
CITY - ST - ZIP	LAKE PARK FL 33403	
TITLE	AST	<input checked="" type="checkbox"/> DELETE
NAME	O'ROURKE, MARY	
STREET ADDRESS	17619 103RD TERRACE	
CITY - ST - ZIP	JUPITER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MATHIEUS, MARGI	
STREET ADDRESS	1310 S. KILLIAN DR. #104	
CITY - ST - ZIP	LAKE PARK FL 33403	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ASHTON, LESLIE
1.3 STREET ADDRESS	6099 ADAMS ST
1.4 CITY - ST - ZIP	PALM BEACH GARDNS, FL 33418
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1050 POWELL DR.
2.4 CITY - ST - ZIP	RIUIERA BCH, FL 33404
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1202 12TH LANE
3.4 CITY - ST - ZIP	PALM BEACH GARDNS, FL 33418
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TD MATHIEU, MARGI
5.3 STREET ADDRESS	720 LIGHTHOUSE DR.
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D WHITE, ROBERT
6.3 STREET ADDRESS	732 KITTYHAWK WAY
6.4 CITY - ST - ZIP	NORTH PALM BCH, FL 33408

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: *Henry O'Rourke* HENRY O'ROURKE V.P. JAN 17, 1997 (561) 842-3308
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0039030

CR2E037 (9/96)