

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 752824 (3)

1. Corporation Name
**CORAL REEF MEDICAL PARK II CONDOMINIUM ASSOCIATI
 ON, INC.**

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 15512 SW 142 COURT P. O. BOX 432753 MIAMI FL 33177-1044 | 15512 SW 142 COURT P. O. BOX 432753 MIAMI FL 33177-1044 |

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

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 06/06/1980 | 3a. Date of Last Report 05/01/1994 |
| 4. FEI Number 59-2136629 | 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 |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

VAN HORN, CHARLES
15512 SW 142 COURT
MIAMI FL 33177

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 | FL |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|----------------------|
| TITLE | PD |
| NAME | MOTLEY, WILLIAM |
| STREET ADDRESS | 1520 VENERA AVE. |
| CITY - ST - ZIP | CORAL GABLES FL |
| TITLE | SD |
| NAME | BROWNE, PETER |
| STREET ADDRESS | 8275 SW 152 ST. #208 |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | VD |
| NAME | DANN, ROBERT |
| STREET ADDRESS | 9275 SW 152 ST. #201 |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | TD |
| NAME | CURL, DONALD |
| STREET ADDRESS | 9275 SW 152 ST. #108 |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | D |
| NAME | RUSLER, ROBERT |
| STREET ADDRESS | 9333 SW 152 ST. |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 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 | <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 | WILLIAM DITKOWSKY |
| 5.3 STREET ADDRESS | 9275 SW 152 STREET #212 |
| 5.4 CITY - ST - ZIP | MIAMI, FL |
| 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 110.07(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: William W. Motley 4-11-95 (305) 253-6561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WILLIAM W. MOTLEY

APPROVED
AND
FILED

95 APR 24 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA