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FILED
Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755492 (6)
1. Corporation Name
355 OFFICE BUILDING CONDOMINIUM ASSOCIATION, INC



Principal Place of Business C/O MIRIAM B WALLING, CPA 355 NE 5TH AVE. STE 6 DELRAY BEACH FL 33483	Mailing Address C/O MIRIAM B WALLING, CPA 355 NE 5TH AVE. STE 6 DELRAY BEACH FL 33483
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3. Date Incorporated or Qualified 12/11/1980	
4. FEI Number 59-2144672	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 c/o Barbara Nola	2a. Mailing Address 26 c/o Barbara Nola
Suite, Apt. #, etc. 22 355 N.E. 5th Avenue, #4	Suite, Apt. #, etc. 27 355 N.E. 5th Avenue, #4
City & State 23 Delray Beach, FL	City & State 28 Delray Beach, FL
Zip 24 33483	Country 25 USA
Zip 29 33483	Country 30 USA

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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WALLING, MIRIAM B.
355 NE 5TH AVENUE #6
SUITE 6
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

81 Name	Barbara Nola
82 Street Address (P.O. Box Number is Not Acceptable)	355 N.E. 5th Avenue
83	Suite 4
84 City	Delray Beach, FL
85 Zip Code	33483

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: *Barbara Nola* DATE: **6/8/98**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SUMRALL JR, H CASSEDY	
STREET ADDRESS	4 N W 16TH STREET	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORRELL, MICHAEL	
STREET ADDRESS	355 NE 5TH AVE #4	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WALLING, MIRIAM B	
STREET ADDRESS	355 NE 5TH AVE, STE 6	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D T S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Barbara Nola	
1.3 STREET ADDRESS	355 N.E. 5th Avenue, Suite 4	
1.4 CITY-ST-ZIP	Delray Beach, FL 33483	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Payton Story, III	
2.3 STREET ADDRESS	355 N.E. 5th Avenue, Suite 4	
2.4 CITY-ST-ZIP	Delray Beach, FL 33483	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mark Schaftlein	
3.3 STREET ADDRESS	355 N.E. 5th Avenue, Suite 4	
3.4 CITY-ST-ZIP	Delray Beach, FL 33483	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Irving H. Bowen	
4.3 STREET ADDRESS	355 N.E. 5th Avenue, Suite 4	
4.4 CITY-ST-ZIP	Delray Beach, FL 33483	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: *[Signature]* 8/5/98 561-243-8010

CFRE037 (10/97)