


FILED
Apr 19, 1999 8:00 am
Secretary of State

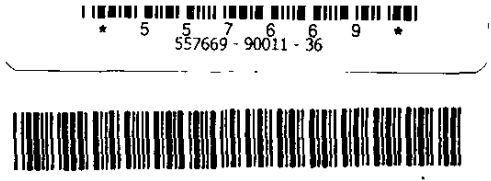
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755492

1. Corporation Name
355 OFFICE BUILDING CONDOMINIUM ASSOCIATION, INC

Principal Place of Business C/O BARBARA NOLA 355 NE 5TH AVENUE #4 DELRAY BEACH FL 33483 US	Mailing Address C/O BARBARA NOLA 355 N E 5TH AVENUE #4 DELRAY BEACH FL 33483 US
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2. Principal Place of Business 21 355 NE 5th Ave	2a. Mailing Address 26 355 NE 5th Ave	3. Date Incorporated or Qualified 12/11/1980
Suite, Apt. #, etc. 22 Suite 6	Suite, Apt. #, etc. 27 Suite 6	4. FEI Number 59-2144672
City & State 23 Delray Beach, FL	City & State 28 Delray Beach, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33483-5596	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent NOLA, BARBARA 355 N E 5TH AVENUE STE 4 DELRAY BEACH FL 33483	10. Name and Address of New Registered Agent 81 Name Miriam B. Walling 82 Street Address (P.O. Box Number is Not Acceptable) 355 NE 5th Ave 83 Suite 6 84 City Delray Beach FL 85 Zip Code 33483
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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 *Miriam B. Walling* Miriam B. Walling, Treasurer DATE 4/13/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SUMRALL JR, H CASSEDY		1.2 NAME MCGLOIN, RICHARD	
STREET ADDRESS 4 N W 18TH STREET		1.3 STREET ADDRESS 2275 N SWINTON AVE	
CITY-ST-ZIP DELRAY BCH, FL 00000		1.4 CITY-ST-ZIP DELRAY BEACH FL 33444	
TITLE DTS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NOLA, BARBARA		2.2 NAME MAYER ABBO	
STREET ADDRESS 355 N E 5TH AVENUE, STE 4		2.3 STREET ADDRESS 355 NE 5TH AVE SUITE 7-	
CITY-ST-ZIP DELRAY BEACH FL 33483		2.4 CITY-ST-ZIP DELRAY BEACH FL 33483	
TITLE DT	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WALLING, MIRIAM B		3.2 NAME MARTIN CARDER	
STREET ADDRESS 355 NE 5TH AVE, STE 6		3.3 STREET ADDRESS 355 NE 5TH AVE SUITE 4	
CITY-ST-ZIP DELRAY BEACH FL		3.4 CITY-ST-ZIP DELRAY BEACH FL 33483	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STORY, M PAYTON		4.2 NAME PHILIP BINNS	
STREET ADDRESS 355 N E 5TH AVENUE, STE 4		4.3 STREET ADDRESS 355 NE 5TH AVE SUITE 4	
CITY-ST-ZIP DELRAY BEACH FL 33483		4.4 CITY-ST-ZIP DELRAY BEACH FL 33483	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHAFTNEIN, MARK		5.2 NAME	
STREET ADDRESS 355 NE 5TH AVENUE, STE 4		5.3 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL 33483		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOWEN, IRVING H		6.2 NAME	
STREET ADDRESS 355 NE 5TH AVENUE, STE 4		6.3 STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL 33483		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, with all other like empowered.

SIGNATURE: *Miriam B. Walling* 4.13.99 561-272-5868
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Miriam B. Walling, Treasurer

CRZE037 (1/198)