## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

101

CONDO	MONITOR, INC.	o (6)		 	
Principal Place of	of Business	Mailing Address	-· . <u>-</u>		1844   BIBIF    1861   DIBIT    DIBIT    DIBIT    BIBIT    1866
· · · · · · · · · · · · · · · · · · ·		17673 PITTSBURG DR. Jupiter FL 33458			
				3. Date Incorporated or Qualified 03/04/1988	3a. Date of Last Report 05/01/1995
2. Principal Place 21 6509		2a. Mailing Address 26 Sawe	,	4. FEI Number 65-0039410	Applied For Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt #. etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	wer FL	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 331	158 Country Palm Bd	· LL	Country 30	This corporation has liability for florida Statutes	s 🔲 No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New	Registered Agent
DICLAUDI 17673 PIT JUPITER I	ITSBURG DR,.			ess (P.O. Box Number is Not Accepte 3-E Chasewoo	FL 85 33458
or registered	the provisions of Sections 607.0502 d agent, or both, in the State of Fiorid ,, and accept the obligations of, Section	a. Such change was authorized	, the above named corpor i by the corporation's boar	ation submits this statement for the pr d of directors. Thereby accept the ap-	orpose of changing its registered office pointment as registered agent. Fam
SIGNATURE	illige af weil typed on process name, of registers diagonitis	and the harmonish destriction	Biograferess Agenit signature resposes	who, to state q	ria i E
12.	OFFICERS AND		T 13.		FICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELÉTÉ	1 1 TILE		Change Addition
NAME	DICLAUDIO, TERI L	ac chasowals	1.2 NAMe		
STREET ADDRESS	TOTAL PHISBURG DR: 630	ore Charecon.			
CHTY - S1 - ZIP	JUPITER FL 33458	☐ DELETE.	1.4 C(TY - \$1 - 7)+'		Change C Addition
TITLE NAME		been.	2 1 T TUE 2 2 NAME		Change Addition
STREET ADDRESS			2 3 STREET ADDRESS		
City-St-ZiP			2.4 City - \$1 - Zift		
TITLE		DELETE	3 11-11-1		Change Addition
NAME			3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-SI-ZI2			3.4 C(I)Y - S1 - Z(F)		
TITLE		☐ DELETE	4 1 TiTLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	4.4 CHY-S1-7IF	······	
TITLE		☐ DELETE	5 1701.5		☐ Change ☐ Addition
NAME CIDEET ADDRESS			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - \$1 - ZIP 6.1 TITLE		Change Addition
NAME		En Warrie	6 2 NAME		only notited
STREET ADDRESS			63 STREET ADORESS		
CITY-ST-ZIP			64 CiTY-SI ZIF		
14. I do hereby certify that t	certify that the information supplied vithe information indicated on this armulan an officer or director of the corporation.	si report or supplemental annua	hed and does not quality foil report is true and accurat	te and that my signature shall have th	e same legal effect as if made under

SIGNATURE: Len L De Claude STORNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 407/747-4788