


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90007 015 \*\*\*150.00

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|---|---|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b>  |   | <br>FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |   |
| <b>DOCUMENT # L72441</b><br>1. Corporation Name<br><b>GEORGETOWN CONDOMINIUM #2 INC.</b>  |   |   |   |
| Principal Place of Business<br><b>2466 TAYLOR ST.<br/>HOLLYWOOD FL 33020</b>  |   | Mailing Address<br><b>P.O. BOX 041230<br/>REMBROKE PINES FL 33004<br/>PO Box 266212<br/>WESTON FL 33326</b>   |   |
| 2. Principal Place of Business<br>21  | 2a. Mailing Address<br>26   | 3. Date Incorporated or Qualified<br><b>05/11/1990</b>  |   |
| Suite, Apt. #, etc.<br>22   | Suite, Apt. #, etc.<br>27   | 4. FEI Number<br><b>59-2461947</b>  | Applied For<br><input checked="" type="checkbox"/> Not Applicable   |
| City & State<br>23  | City & State<br><b>WESTON FL</b>  | 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required   |
| Zip<br>24   | Country<br>25   | 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees  |
| Zip<br>29   | Country<br><b>33326</b>   | 7. This corporation owes the current year Intangible<br>Personal Property Tax.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | 8. This corporation owes the current year Intangible<br>Personal Property Tax.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 9. Name and Address of Current Registered Agent<br><b>SLOTSKY, FRED<br/>2686 OAKMONT<br/>FT. LAUDERDALE FL 33332</b>  |   | 10. Name and Address of New Registered Agent  |   |
| 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. |   | 12. OFFICERS AND DIRECTORS  |   |
| SIGNATURE<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   |   | DATE  |   |
| 12. OFFICERS AND DIRECTORS  |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SLOTSKY, MARILYN<br>2686 OAKMONT<br>FT. LAUDERDALE FL 33332<br><input checked="" type="checkbox"/> DELETE    | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP  | D<br>DEL PILAR LOZANO, MARTA<br>2466 TAYLOR ST APT 3B<br>HOLLYWOOD FL 33020<br><input type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>BAUER, HOLLY<br>2466 TAYLOR ST. APT 3D<br>HOLLYWOOD FL 33020<br><input type="checkbox"/> DELETE              | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP  | SEC, DIR<br>JIMENEZ, ANA<br>2466 TAYLOR ST APT 4C<br>HOLLYWOOD FL 33020<br><input type="checkbox"/> Change <input type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SWEATT, LYNN<br>2466 TAYLOR ST #4B<br>HOLLYWOOD FL 33020<br><input type="checkbox"/> DELETE                  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP  | D<br>MUNRO, BETTY<br>2466 TAYLOR ST APT 4E<br>HOLLYWOOD FL 33020<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>FLETCHER, JEAN<br>2466 TAYLOR ST. APT 4D<br>HOLLYWOOD FL 33020<br><input checked="" type="checkbox"/> DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>SLOTSKY, FRED<br>2686 OAKMONT<br>FT. LAUDERDALE FL 33332<br><input type="checkbox"/> DELETE                  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>BAUER, HOLLY<br>2466 TAYLOR ST. APT 3D<br>HOLLYWOOD FL 33020<br><input type="checkbox"/> DELETE              | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)