

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M54679 (9)**

1. Corporation Name
CONDOMINIUM RESALES, INC.



Principal Place of Business: **2627 IVES DAIRY ROAD STE.201 NO. MIAMI BEACH FL 33180**
Mailing Address: **2627 IVES DAIRY ROAD STE.201 NO. MIAMI BEACH FL 33180**

3. Date Incorporated or Qualified: **06/29/1987**
3a. Date of Last Report: **01/19/1995**
4. FET Number: **59-2830699**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 []
2a. Mailing Address: 26 []
22 []
23 []
24 [] 25 []
26 []
27 []
28 []
29 [] 30 []

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEOPOLD, NORMAN
20801 BISCAYNE BLVD #501
NORTH MIAMI BEACH FL 33180**

81 Name: []
82 Street Address (P.O. Box Number is Not Acceptable): []
83 []
84 City: []
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0607 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 607.0605, Florida Statutes.

SIGNATURE: []

Signature of officer or director of the corporation

Signature of Registered Agent (signature required if new agent)

DATE: []

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92
1. TITLE: [] DELETE NAME: D GREEN, RICHARD STREET ADDRESS: 2627 IVES DAIRY RD. #201 CITY-STATE-ZIP: NO. MIAMI BEACH FL	1. TITLE: [] Change [] Addition 2. NAME: [] 3. STREET ADDRESS: [] 4. CITY-STATE-ZIP: []
2. TITLE: [] DELETE NAME: [] STREET ADDRESS: [] CITY-STATE-ZIP: []	2. TITLE: [] Change [] Addition 2. NAME: [] 2.3 STREET ADDRESS: []
3. TITLE: [] DELETE NAME: [] STREET ADDRESS: [] CITY-STATE-ZIP: []	3. TITLE: [] Change [] Addition 3. NAME: [] 3.3 STREET ADDRESS: []
4. TITLE: [] DELETE NAME: [] STREET ADDRESS: [] CITY-STATE-ZIP: []	4. TITLE: [] Change [] Addition 4.2 NAME: [] 4.3 STREET ADDRESS: []
5. TITLE: [] DELETE NAME: [] STREET ADDRESS: [] CITY-STATE-ZIP: []	5. TITLE: [] Change [] Addition 5.2 NAME: [] 5.3 STREET ADDRESS: []
6. TITLE: [] DELETE NAME: [] STREET ADDRESS: [] CITY-STATE-ZIP: []	6. TITLE: [] Change [] Addition 6.2 NAME: [] 6.3 STREET ADDRESS: []
7. TITLE: [] DELETE NAME: [] STREET ADDRESS: [] CITY-STATE-ZIP: []	7. TITLE: [] Change [] Addition 7.2 NAME: [] 7.3 STREET ADDRESS: []

14. I do hereby certify that the information submitted with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 and the officer 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 Block 11, with an address.

SIGNATURE: *Richard D. Green*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 305-935-3003
Date Date/Phone #

CR2E034 (12/95)