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NONPROFIT CORPORATION ANNUAL REPORT



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

3/8/96 305-666-094/

1996

DOCUMENT # 1. Corporation Name

SIGNATURE:

N02431

(7)

LARKIN PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATIO N, INC.

| | | Mailing Address | | | | | |
|---|---|---|--|---|--|---|--|
| 6140 S.W. 70TH STREET SOUTH MIAMI FL 33143 2. Principal Place of Business | | 6140 S.W. 70TH STREET SOUTH MIAMI FL 33143 | | | | | |
| | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 02/09/1984 02/09/1995 | | |
| | | 2a. Mailing Address 26 | | | 4. FEI Number 59-2703014 | | Applied For Not Applicab |
| Suite, Apt. # | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | 5 Additional |
| City & State | | City & State | | | 4.51 | Fee | Required |
| , | | 28 | | | Election Campaign Financing Trust Fund Contribution | 1 1 | May Be ed to Fees |
| Zip | Country | Zip | Coun | try | 8. This corporation has liability for i | · · · · · · · · · · · · · · · · · · · | |
| 25 | | 29 | 30 | | Florida Statutes Yes No | | |
| | 9. Name and Address of Curr | ent Hegistered Agent | | 31 Name | 10. Name and Address of New R | egistered Agent | |
| SUMME | א מועות א | | | | | | |
| SOMMER, DAVID A. 6140 S.W. 70TH STREET | | | ' | 32 Street Ad | Street Address (P.O. Box Number is Not Acceptable) | | |
| | MIAMI FL 33143 | | 1 | 33 | | | |
| | | | ļ. | <u> </u> | | | |
| | | | ' | 34 City | | FL 85 Z | p Code |
| or registere | o the provisions of Sections 617.05 ad agent, or both, in the State of Fic h, and accept the obligations of, Se | orida. Such chande was authori | ized by the co | e-narned corp irporation's bo | poration submits this statement for the pur pard of directors. I hereby accept the appo | pose of changing its opintment as registered | registered o d agent. I an |
| NATURE - | Signature, typed or printed namin of registered ag | ent and title if applicable (N | IOTE: Registered A | gent signature requ | red wher reinstalings | DATE | |
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR