

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N05166 (6)

PALM-TAFT PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1601 N. PALM AVE. SUITE 304F, PEMBROKE PINES FL 33026
Mailing Address: 1601 N. PALM AVE. SUITE 304F, PEMBROKE PINES FL 33026

3. Date Incorporated or Qualified: **09/17/1984**
3a. Date of Last Report: **03/08/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	59-2648438	Not Applicable
23	City & State	28	City & State	6.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	7.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
SHAMBO, JAMES E
1601 N. PALM AVE.
SUITE 307
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent
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 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTI, PETE	1.2 NAME	
STREET ADDRESS	2083 NE 160 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNSTEDT, MIKE J.	2.2 NAME	
STREET ADDRESS	1601 N PALM AVE 301	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, TOM	3.2 NAME	
STREET ADDRESS	20340 NW 4TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAMBO, JIM	4.2 NAME	
STREET ADDRESS	1601 N. PALM AVE #307	4.3 STREET ADDRESS	300001860833
CITY-ST-ZIP	PEMBROKE PINES FL 33026	4.4 CITY-ST-ZIP	-06/13/96--01014--005
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAMBO, ED.	5.2 NAME	
STREET ADDRESS	1601 N. PALM AVE. #201	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANISCALCO, RON	6.2 NAME	
STREET ADDRESS	11021 N.W. 20TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 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.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)