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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07137 (5)
 1. Corporation Name
ASHMONT CONDOMINIUM E ASSOCIATION, INC.

Principal Place of Business	Mailing Address
MMI BROWARD, INC. 4373 ROCK ISLAND RD LAUDER HILL FL 33319 US	MMI BROWARD, INC. 4373 ROCK ISLAND RD LAUDERHILL FL 33319 US

3. Date Incorporated or Qualified	01/16/1985
4. FEI Number	59-2484582
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

FLUEHR, CHRISTOPHER J
4373 ROCK ISLAND RD
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ZIONITZ, LEE	
STREET ADDRESS	7488 ASHMONTE CIR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARITZ, GEORGE	
STREET ADDRESS	7412 ASHMONTE CIRCLE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FARLEY, JOHN	
STREET ADDRESS	7400 ASHMONTE CIRCLE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROCKOFF, STELLA	
STREET ADDRESS	7438 ASHMONTE CIRCLE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KLEMAN, LEO	
STREET ADDRESS	7440 ASHMONTE CIRCLE	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leo KLEMAN* 3/14/98 954-726-4023

CR2E037 (10/97)