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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07137

1. Corporation Name

ASHMONT CONDOMINIUM E ASSOCIATION, INC.

Principal Place of Business

MWI BROWARD, INC.
 4373 ROCK ISLAND RD
 LAUDER HILL FL 33319
 US

Mailing Address

MWI BROWARD, INC.
 4373 ROCK ISLAND RD
 LAUDERHILL FL 33319
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/16/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2484582	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
Country		Country		30	

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 **STEINBERG, CHARLES**
 82 Street Address (P.O. Box Number is Not Acceptable)
90 MWI/CAMPBELL
 83 **4373 ROCK ISLAND RD.**
 84 City **LAUDERHILL** FL 85 Zip Code **33319**

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 *Charles Steinberg Secy* *Charles Steinberg* 11/2/99
 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	SD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIONETZ, LEE	1.2 NAME	ZIONETZ, LEE
STREET ADDRESS	7468 ASHMONT CIR	1.3 STREET ADDRESS	7468 ASHMONT CIRCLE
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	TAMARAC, FL. 33321
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARITZ, GEORGE	2.2 NAME	
STREET ADDRESS	7412 ASHMONT CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARLEY, JOHN	3.2 NAME	
STREET ADDRESS	7400 ASHMONT CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCKOFF, STELLA	4.2 NAME	
STREET ADDRESS	7438 ASHMONT CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIMAN, LEO	5.2 NAME	
STREET ADDRESS	7440 ASHMONT CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	SD STEINBERG, CHARLES
STREET ADDRESS		6.3 STREET ADDRESS	7456 ASHMONT CIRCLE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TAMARAC, FL. 33321

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, with all other like empowered.

SIGNATURE: *Leo Kleiman* *Leo Kleiman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)