

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17090 (4)
1. Corporation Name
MERIDIAN SQUARE CONDOMINIUM ASSOCIATION, INC.

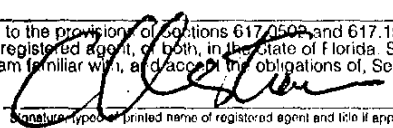


Principal Place of Business %CYRIL CHRISTIAN, M.D. 6971 WEST SUNRISE BLVD., #106 PLANTATION FL 33313	Mailing Address %CYRIL CHRISTIAN, M.D. 6971 WEST SUNRISE BLVD., #106 PLANTATION FL 33313-4424
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/02/1986	3a. Date of Last Report 10/25/1996	4. FEI Number 59-2841107	Applied For Not Applicable
		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			

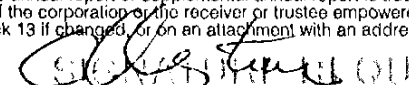
9. Name and Address of Current Registered Agent CHRISTIAN, CYRIL M.D. 6971 WEST SUNRISE BLVD., #106 PLANTATION FL 33313	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0505 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTIAN, CYRIL 6971 W. SUNRISE BLVD., #106 PLANTATION FL 33313 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORCH, JOHN 9838 SW 106TH TERRACE MIAMI FL ☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Secretary DR. FRANCIS CHANDY 6971 West Sunrise Blvd. #103 Plantation, Fla. 33313 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENTHAL, V. 6971 W. SUNRISE BLVD., #106 PLANTATION FL 33313 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	6971 West Sunrise Blvd #106 Plantation, Fla. 33313 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do 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:  CYRIL CHRISTIAN MD 3/24/97 9545810040

CR2E037 (9/96)