


SECOND NOTICE: CORPORATION WILL BE DISSOLVED, ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 14 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N17195 (1)**  
 1. Corporation Name  
**CARMEL AT THE CALIFORNIA CLUB CONDOMINIUM "29" ASSOCIATION, INC.**

Principal Place of Business D.C.I. 2901 SIMMS STREET HOLLYWOOD FL 33020 US	Mailing Address D.C.I. 2901 SIMMS STREET HOLLYWOOD FL 33020 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>10/07/1986</b>	3a. Date of Last Report <b>03/18/1996</b>
4. FEI Number <b>59-2725753</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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  
**ANDREW MEYROWITX**  
**C/O D.C.I.**  
**2901 SIMMS STREET**  
**HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent  
 81 Name  
**Andrew Meyrowitz**  
 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ROTH, STEVEN M</b>	
STREET ADDRESS	<b>903 NE 199 ST. #106</b>	
CITY-ST-ZIP	<b>NO. MIAMI BEACH FL 33179</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>RUBENSTEIN, RHONDA RHODA</b>	
STREET ADDRESS	<b>903 N.E. 107</b>	
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>BLUSTEIN, M.</b>	
STREET ADDRESS	<b>903 N.E. 108</b>	
CITY-ST-ZIP	<b>MIAMI FL 33179</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Roth, Steven</b>	
1.3 STREET ADDRESS	<b>1151 N.W. 87 Way</b>	
1.4 CITY-ST-ZIP	<b>Pembroke Pines, Fl 33024</b>	
2.1 TITLE	<b>Vice President/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Rubenstein, Rhonda</b>	
2.3 STREET ADDRESS	<b>903 N.E. 199th Street, No 107</b>	
2.4 CITY-ST-ZIP	<b>Miami, Florida 33179</b>	
3.1 TITLE	<b>Secretary/Treasurer/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Blustein, M.</b>	
3.3 STREET ADDRESS	<b>903 N.E. 199th Street, No 108</b>	
3.4 CITY-ST-ZIP	<b>Miami, Florida 33179</b>	
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 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 \_\_\_\_\_

CP2E037 (4/97)