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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N23269 (6)
1. Corporation Name
WAREHOUSE II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
3191 SW 14TH PLACE BAY #16 BOYNTON BEACH FL 33426 US
3191 SW 14TH PLACE BAY #16 BOYNTON BEACH FL 33426-9059 US
D.F. GOUVERT

3. Date incorporated or Qualified 11/02/1987
3a. Date of Last Report 03/22/1996

2. Principal Place of Business 2a. Mailing Address
21 600 W. LINTON BLVD 202
22 Suite, Apt. #, etc. 27 202
23 City & State 28 DELRAY BCH FL
24 Zip 25 33444 Country 29 Calm Bch 30

4. FEI Number 65-0011792
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
STAN ALBERT H.
1626 PALMLAND DRIVE
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent
81 Name DOLORES GOUVERT
82 Street Address 600 W. LINTON BLVD 202
83
84 City DELRAY BCH FL 85 Zip Code 33444

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 *Dolores Gouvert* DATE 2/10/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAKOWSKI, ROBERT	
STREET ADDRESS	920 DOGWOOD DRIVE #360	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PROTZER, GREGG M	
STREET ADDRESS	3108 SHERWOOD BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TDS	<input type="checkbox"/> DELETE
NAME	DUNCAN, JOHN	
STREET ADDRESS	3191 SW 14 PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHORTLEU, JAMES	
STREET ADDRESS	P.O. BOX 8432	
CITY-ST-ZIP	BOYNTON BEACH FL	
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	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Michael Lewis	
1.3 STREET ADDRESS	4601 S Cobb Dr	
1.4 CITY-ST-ZIP	SMYRNA GA 30080	
2.1 TITLE	Vice Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD JUDSON JONES	
2.3 STREET ADDRESS	5929 N. OCEAN AVE.	
2.4 CITY-ST-ZIP	OCEAN RIDGE 33425	
3.1 TITLE	Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CHARLES J. L. DOLCE	
3.3 STREET ADDRESS	4740 S. OCEAN BLVD	
3.4 CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
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: *Charles J. Dolce* 561.368.417

CR2E037 (9/96)