

3-21-97 B-3444 C
 FILE NOW: FILING FEE IS \$61.25

FILED
 Mar 21 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 # N32596 (1)
 1. Corporation Name
601 OFFICE PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business %RONALD C. KUTSCHINSKI 333-17TH ST., STE. 2 R VERO BEACH FL 32960	Mailing Address %RONALD C. KUTSCHINSKI 333-17TH ST., STE. 2 R VERO BEACH FL 32960-5686
---	--

3. Date Incorporated or Qualified 05/31/1989	3a. Date of Last Report 02/07/1996
4. FEI Number 59-2972392	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 % K. M. Burge Suite, Apt #, etc 22 643 17th Street City & State 23 Vero Beach, FL Zip 24 32960	2a. Mailing Address 26 % K. M. Burge Suite, Apt #, etc. 27 643 17th Street City & State 28 Vero Beach, FL Zip 29 32960	Country 25 USA	Country 30 USA
---	---	--------------------------	--------------------------

9. Name and Address of Current Registered Agent
KUTSCHINSKI, RONALD C.
333-17TH STREET
SUITE 2 R
VERO BEACH FL 32960

10. Name and Address of New Registered Agent
 81 Name **K. M. Burge**
 82 Street Address (P.O. Box Number is Not Acceptable)
643 17th Street
 83
 84 City **Vero Beach** **FL** 85 Zip Code **32960**

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 **K. M. Burge** *K.M. Burge* **3/14/97**
Signature, typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUTSCHINSKI, RONALD C. 333-17TH ST., STE. 2 R VERO BEACH FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, NORMAN E. JR. 333-17TH ST., STE. 2 R VERO BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, VICKIE L. 333 17TH ST., STE. 2 R VERO BEACH FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D/S 1826 U.S. Highway #1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D/P Edward W. Rubinski 637 17th Street Vero Beach, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D/V K. M. Burge 643 17th Street Vero Beach, FL 32960	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **K. M. Burge** *K.M. Burge* **3/14/97** (561) 569-6109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 0020583

CR2E037 (9/96)