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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90015 007 ****61.25
06-01-1999 90006 043 *****8.75

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36127

1. Corporation Name
WARD TOWERS TENANT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
WARD TOWERS TENANT ASSOCIATION, INC. 2200 NW 54 STREET. Apt. 809 MIAMI, FLORIDA 33142.	SAME

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2200 NW 54 st.	26 SAME	April 2, 1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number: 65-0664462 — Applied For ☐ Not Applicable ☐
22 Suite #809. 33142.	27	5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
City & State	City & State	
23 MIAMI, FLORIDA	28	6. Election Campaign Financing Trust Fund Contribution ☐ — $5:00 May Be Added to Fees
Zip / Country	Zip / Country	
24 33142. 25 USA	29 30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MONICA OLIVER 1401 N.W. 7 street. Bldg. F Miami, Florida 33125.	81 Name 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	Geneva Thomas		1.2 NAME	Geneva Thomas	
STREET ADDRESS	2200 NW 54 Street #809		1.3 STREET ADDRESS	2200 N.W. 54th. St. #809.	
CITY-ST-ZIP	Miami, Florida 33142.		1.4 CITY-ST-ZIP	Miami, Fl 33142	
TITLE	Treasure	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	Josephine Shepherd		2.2 NAME	Josephine Shepherd.	
STREET ADDRESS	2200 N.W. 54 Street # 1010		2.3 STREET ADDRESS	2200 N.W. 54th. St. #1010.	
CITY-ST-ZIP	Miami, FL 33142		2.4 CITY-ST-ZIP	Miami, Fl. 33142.	
TITLE	Vice President	☐ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	James Walker		3.2 NAME	James Walker.	
STREET ADDRESS	2200 N.W. 54 Street #1001		3.3 STREET ADDRESS	2200 N.W. 54 st. #1001.	
CITY-ST-ZIP	Miami, FL 33142		3.4 CITY-ST-ZIP	Miami, Florida 33142.	
TITLE	Recording Secretary	☐ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	Irene Feilen		4.2 NAME	Irene Feilen	
STREET ADDRESS	2200 NW 54 Street #1502		4.3 STREET ADDRESS	2200 N.W. 54th. st. # 1502.	
CITY-ST-ZIP	Miami, FL 33142		4.4 CITY-ST-ZIP	Miami, Fl. 33142.	
TITLE	Correspondence Secretary	☐ DELETE	5.1 TITLE	Correspondence Secretary	☐ Change ☒ Addition
NAME	Bernice Davis		5.2 NAME	Bernice Davis	
STREET ADDRESS	2200 NW 54 Street #611		5.3 STREET ADDRESS	2200 N.W. 54 st. #611	
CITY-ST-ZIP	Miami, FL 33142.		5.4 CITY-ST-ZIP	Miami, Fl. 33142.	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Geneva Thomas — 4-30-99 — (305) 652 6818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #