FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

	MENT # N9300 INTELL CONDOMINIUM AS	e e													
Principal Place of	of Business	Mailing Addre	98S						id ididi il ihi il i			IH OLDIN DILI			
255 WEST 24T		255 WEST													
MIAMI BEACH			CH FL 33140												
								 Date Incorp. 10/15 		lified	1	te of Last 07/03/1			
2. Principal Pla	ce of Business	2a. Mailing A	ddress					4. FEI Number				 -	Applied	For	
1		26						65-04	73723				Not App		ļ
Suite, Apt. #	, etc.	Suite, Apt. #, etc.						5. Certificate of Status Desired Fee I							
City & State		City & State						6. Election Car	mpaign Financ				О Мау		
3		28						Trust Fund	-				d to Fe		ļ
Zip	Country	Zip		Cou	ntry			8. This corpora			angible ta Yes □		. 199.03	32,	
4	9. Name and Address of Currer	29 t Registered Age		30				Florida State O. Name and		_	_	NO			Þ
	g, Name and Address of Curtor	i iogioloco Ago			81	Name									
· DEIWOO	D MANAGEMENT CO., INC.				82	Street A	Address	(P.O. Box Num	ber is Not Ac	ceptable)					
	/. 64TH AVENUE														ł
SUITE 11					63										
DAVIE FL	. 33314				84	City					FI	85 Z	ip Code	t	
11 Direction to	o the provisions of Sections 617,050	2 and 617.1508. Fi	orida Statutes	the abo	ve-r	named cor	rporatio	n submits this s	statement for	the purpo	se of cha	anging its	register	ed office	İ
or ropictor/	o the provisions of Sections 617.050; ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ina. Such change v	vas aumonzec	d by the o	corp	oration's t	board o	f directors. I he	reby accept th	ie appoin	itment as	registered	agent.	. гапі	ļ
SIGNATURE _	Signature, typed or printed name of registered ager	at and little if annicable	(NOTE	E Registered	1 Agen	it signature rei	equired who	en reinstating)		··· ·	DATE				ار
12.		ND DIRECTORS		13.				ADDITIONS	/CHANGES 1	O OFFIC					
TITLE	DP	X	X ELETE	1.1 1	TLE		DP		-	_		Change	XI A	Addition	1
NAME	HEINZ, AURICH			1.2 N		1	NEI	ELY, DA	NIEL A	A. em 1	מוכד א	202			8
STREET ADDRESS	255 WEST 24 ST.			ı.		ADDRESS	25:	5 W. 24 AMI BEA	CH FI	33	140	202			Ş
CITY-ST-ZIP	MIAMI BEACH FL 33140	ΙŪ	D ELETE	1.4 C		ST-ZIP	DV		<u> </u>			Change	\	Addition	6
TITLE	vpd Porter, steve	V-	Acces	22 N				CINTYRE	, јон	N					l
NAME STREET ADDRESS	255 WEST 24 ST.			235	TREET	ADDRESS	25	5 W. 24	STRE	ET, A	APT.	205			1
CITY-ST-ZIP	MIAMI BEACH FL 33140			2 4 (CITY-	ST-ZIP		AMI BEA	CH, F	<u>. 33</u>				Addition	┨
TITLE	SD		TR ELETE	31T			ST	D RDEN, C	דחווג זי	λ		Change	ıXI.	Addition	
NAME	BURSTEIN, HARVEY J				IAME		25	5 W. 24	STRE	a ET. /	APT.	408			
STREET ADDRESS	255 WEST 24TH STREET			1		T ADORESS	MT	AMI BEA	CH. F	ட் 33	140				ļ
CITY-ST-ZIP	MIAMI BEACH FL 33140		DELETE		CITLE	ST - ZIP	-					Change		Addition	٦
TITLE NAME		_			NAME										1
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CITY-ST-ZIP				4.4 (CITY -	ST - ZIP						☐ Change		Addition	┥
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NAME					NAME	T ADDRESS									-
STREET ADDRESS					-	ST-ZIP									
CITY-ST-ZIP TITLE		<u>-</u>	DELETE		TITLE	31-211	 	1711	0001	7:2	e E	Change		Addition	٦
NAME				6.2	NAME	•		-04	/22/96-	-0101	18N	กลัง	١.	سري ا	Ф
STREET ADDRESS				63	STAEE	ADDRESS		***	0001 /22/96- 61.25	W 2 W 3		`	7	12	4
CITY-ST-ZIP				Table and make	ا ملما	ST-ZIP	nalifi . fa::	the everetion	etated in Sect	ion 119 0	17/31/k) E	Iorida Stat	tutes. I f	further	ď
14. I do herek	Loy certify that the information supplied the information indicated on this an	d with this filing is v Inual report or supp	oluntarily fumi armental annu	ished and ual report	a doi t is tr	es not qua rue and ac	iccurate	and that my sig	onature shall h	nave the s	same lega rida Stat	el effect as	if made	e under	1
	it the information indicated on this an I am an officer or director of the cor n Block 12 or Block 13 if changed o				ored	TO execu	this r	eport as require	eo by Unaptei	OTT, FIO	nua Statt	noo, and	D<1)	
							1	3.44 E	، عاشاء	V.	امالا	910 -	907) 191-	4B0	d
SIGNAT	TURE: Y SIGNATURE AND TYPES	OR PRINTED NAME OF	SIGNING OFFICE	R OR DIRE	CTOF		<u> </u>	ANIEL A	Date	Ţ	101	Daytime Pho	ne #		