FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004908 (0)

1. Corporation Name

4218 W. NO. B. STREET CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
4218 W. NORTH B ST #A TAMPA FL 33609 US	4218 W NO B ST #B TAMPA FL 33609 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1993
3a. Date of Last Report: 01/27/1994
4. FEI Number: 65-0453390 — [ ] 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes. [ ] Yes [X] No

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

9. Name and Address of Current Registered Agent

CRAIG, JACK
4218 W. NORTH B STREET
#A
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name: SAMUEL B. PUTERMAN
82 Street Address (P.O. Box Number is Not Acceptable): 4218-B W. NORTH B ST.
83
84 City: TAMPA FL 85 Zip Code: 33609

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Samuel B. Puterman SECRTY|TRS. (STD) April 15, 1995

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CRAIG, JACK
STREET ADDRESS	4218 W. NORTH B ST. #A
CITY-ST-ZIP	TAMPA FL
TITLE	STD
NAME	PUTERMAN, SAM
STREET ADDRESS	4218 W. NORTH B ST. #B
CITY-ST-ZIP	TAMPA FL
TITLE	VD
NAME	CRAIG, BERNICE
STREET ADDRESS	4218 W NORTH B ST. #A
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. — [ ] Change [ ] Addition (no entries)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Samuel B. Puterman — APRIL 15, 1995 — 8132868630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SAMUEL PUTERMAN

0051805