SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9600003882 (5)

PRINCE MICHAEL CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Malling Address | • 0 | I INDICAT STATEMENT OVER GALIC EAST NOTICE AND STATEMENT IN THE LEGISLATION STATEMENT AND STATEMENT |
|--|----------------------|--|---|
| 2618 COLLINS AVENUE | 2818 COLLINS AVENUE | | Date Incorporated or Qualified |
| MIAMI BEACH FL 33140 | MIAMI BEACH FL 33140 | | 07/24/1996 |
| | | | 4. FEI Number Applied For |
| _ | | | 65-0752141 Not Applicable |
| 2. Principal Place of Business | 2a. Mailing Address | | 5. Certificate of Status Desired \$8.75 Additional |
| 21 | 26 | | Fee Required |
| Suite, Apt. #, stc. | Suite, Apt. #, etc. | | 6. Election Campaign Financing \$5.00 May Be |
| City & State | City & State | | Trust Fund Contribution Added to Fees |
| 23 | 28 | | 7. Is this nonprofit corporation a homeowners association? Yes No |
| Zip Country | Zip | Country | 8. This corporation owes or has paid the current year intangible |
| 24 25 | 29 30 | | Personal Property Tax due June 30. Yes No |
| 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Registered Agent |
| _ | | 81 Name | ORS MANGEMENT INC |
| GREENSPOON, MARDER, HIRSCHFELD, ET | . AL. | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) |
| TRADE CENTRE SOUTH - SUITE 700 | | 44 | 31 SW 6478 AVC |
| 100 West Cypress Creek Road | | 83 | |
| FORT LAUD ER DALE FL 33309 | | 84 City | 85 Zip Code |
| | | | 1V/e_ FL 1 33314 |
| 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 LUSA BY | | | |
| Stoketon, typed or printed name of registred agent of the stoketon of the stok | | tegistered Agent eignature requ 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 12. OFFICERS AND | DELETE | 1.1 TITLE | Change Addition |
| NAME BURSTYN, JUDAH | □ pere ie | 1.2 NAME | |
| STREET ADDRESS 2618 COLLINS AVENUE | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP MIAMI BEACH FL 33140 | | 1.4 CITY-ST-ZIP | |
| TITLE VO | DELETE | 2.1 TITLE | Change Addition |
| NAME BURSTYN, DAVID | ي مدد اد | 2.2 NAME | |
| STREET ADDRESS 2618 COLLINS AVENUE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP MAMI BEACH FL 33140 | | 2.4 CITY-ST-ZIP | 0 0 000 |
| TITLE STO | DELETE | 3.1 TITLE | PIRECTOIL Change Addition |
| NAME BURSTYN, EILEEN | • | 3.2 NAME 6 | PIRECTOR Change GAddition CRANDO DIAZ UL APTHZIS W. B. FLA 33140 |
| STREET ADDRESS 2618 COLLINS AVENUE | | 3.3 STREET ADDRESS 2 | 618 COIIIM 13 2211- |
| CITY-ST-ZIP MAMI BEACH FL 33140 | <u>.</u> | | M. B. FUA 55140 |
| TITLE | DELETE | 4.1 TITLE | Change Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | DELETE | 5.1 TITLE | Change Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 DTLE | <u> </u> |
| TITLE | | 6.1 TITLE 6.2 NAME | |
| NAME STREET ADDRESS | | 6.3 STREET ADDRESS | -07/14/9801078004)/ ₄ \ ² |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | ***1178.75 |
| on recreate) | | | |

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 truetee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.

CITY-ST-ZIP

ED HAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jul 13 1998 8:00am

Secretary of State

Daytime Phone #