

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000057294 (9)

1. Corporation Name

GO CONDO, INC.



Principal Place of Business Mailing Address

**18425 N.W. 2ND AVENUE
MIAMI FL 33169**

**18425 N.W. 2ND AVENUE
MIAMI FL 33169**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26

Suite, Apt. #, etc

22 City & State

27

City & State

23 Zip

28

Country

24 Zip

29

Country

9. Name and Address of Current Registered Agent

**LIFTER, BENNETT M
18425 N.W. 2ND AVENUE
MIAMI FL 33169**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL **85** Zip Code

3. Date Incorporated or Qualified

08/11/1993

3a. Date of Last Report

07/28/1995

4. FEI Number

65-0430393

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. This corporation has liability for intangible tax under s. 199.03?
Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

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 theretby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature is required when changing to a new address)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUBIN, ANDREW	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			1.2 NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIFTER, BENNETT M	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS		
			1.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	18425 N.W. 2ND AVENUE MIAMI FL 33169	<input type="checkbox"/> DELETE	2.1 TITLE		
			2.2 NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	18425 N.W. 2ND AVENUE MIAMI FL 33169	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS		
			2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.1 TITLE		
			3.2 NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS		
			3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE		
			4.2 NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE		
			5.2 NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE		
			6.2 NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		

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(3)(k), 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 my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bennett M. Lifter*

Bennett M. Lifter

6/11/96

305-652-5506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)