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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000058168 (4)**

1. Corporation Name

FLAGSHIP CONDOMINIUM ASSOCIATES, INC.

Principal Place of Business	Mailing Address
10800 BISCAYNE BLVD. SUITE 705 MIAMI FL 33161	10800 BISCAYNE BLVD. SUITE 705 MIAMI FL 33161

3. Date Incorporated or Qualified: 08/19/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21	26 100 S.E. Second Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 4000
City & State 23	City & State 28 Miami, FL
Zip / Country 24 / 25	Zip / Country 29 33131 / 30 USA

4. FEI Number: 58-1833416 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STEVEN M. MEYERS, P.A.
ONE BISCAYNE TOWER,#3550
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Robert E. Dady,Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 100 S.E. Second Street, Suite 4000
83
84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 617.1502, 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: Robert E. Dady, Esq. (Required when applicable) NOTE: Registered Agent signature required when reinstating DATE: 7/1/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	D	☐ Change ☒ Addition
NAME	MEYERS, HILLEL A		12 NAME	Milton, Phillip	
STREET ADDRESS	4875 PINE TREE DR.		13 STREET ADDRESS	230 Park Avenue, Suite 635	
CITY-ST-ZIP	MIAMI BEACH FL 33140		14 CITY-ST-ZIP	New York, New York 10169-0019	
TITLE	D	☐ DELETE	21 TITLE	D/VP	☐ Change ☒ Addition
NAME	KAYE, BRUCE		22 NAME	Keith, Marvin	
STREET ADDRESS	1534 NE QUAY TERRACE		23 STREET ADDRESS	230 Park Avenue, Suite 635	
CITY-ST-ZIP	MIAMI FL 33138		24 CITY-ST-ZIP	New York, New York 10169-0019	
TITLE	VP	☒ DELETE	31 TITLE	~~D~~	☐ Change ☐ Addition
NAME	MEYERS, NEIL		32 NAME	~~Weyand, Kaylynn~~	
STREET ADDRESS	2791 POINCIANA BLVD		33 STREET ADDRESS	~~15 Stonebriar Way~~	
CITY-ST-ZIP	KISSIMMEE FL 32741		34 CITY-ST-ZIP	~~Frisco, Texas 75034~~	
TITLE	T	☒ DELETE	41 TITLE	VP/T	☐ Change ☒ Addition
NAME	GOLDWYN, OWEN		42 NAME	Valenti, Michael	
STREET ADDRESS	60 NORTH MAINE AVE		43 STREET ADDRESS	60 North Maine Street	
CITY-ST-ZIP	ATLANTIC CITY NJ 08401		44 CITY-ST-ZIP	Atlantic City, New Jersey 08401	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Bruce Kaye** DATE: 7/17/96 Daytime Phone #: 348-9188