FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

1995 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # P94000012250 (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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8/5/93
3a. Date of Last Report: 5/1/94

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

4. FEI Number: 65-0432462 — 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 S. BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Address
NAME	MEYERS, HILLEL A	1.2 NAME		
STREET ADDRESS	4875 PINE TREE DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Address
NAME	KAYE, BRUCE	2.2 NAME		
STREET ADDRESS	1534 NE QUAY TERRACE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33138	2.4 CITY-ST-ZIP		
TITLE	VP	3.1 TITLE	VP	☒ Change ☐ Address
NAME	MEYERS, NEIL	3.2 NAME	MEYERS, NEIL	
STREET ADDRESS	11111 Biscayne Blvd	3.3 STREET ADDRESS	2791 Poinciana Blvd	
CITY-ST-ZIP	Miami, FL	3.4 CITY-ST-ZIP	Kissimmee, FL 32741	
TITLE		4.1 TITLE	TREASURER	☐ Change ☒ Address
NAME		4.2 NAME	GOLDWYN, OWEN	
STREET ADDRESS		4.3 STREET ADDRESS	60 North Maine Ave	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Atlantic City, NJ 08401	
TITLE		5.1 TITLE		☐ Change ☐ Address
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Address
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		SCC 5-1-95

14. I hereby certify that the information supplied with this filing, and upon my voluntarily furnished and affirmed liability for the misrepresentation stated in Section 119.07 of the Florida Statutes, I hereby certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall constitute an affirmation that I am an officer or director of the corporation or the receiver or trustee thereof, or the person to whom all or substantially all of the property of the corporation has been assigned or transferred in accordance with applicable law, or a receiver or trustee thereof, or the person to whom all or substantially all of the property of the corporation has been assigned or transferred in accordance with applicable law.

SIGNATURE _____ INITIAL HERE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR

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