

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90012 036 ***150.00

DOCUMENT # P98000030074

1. Corporation Name

ADVANCED CONDO MANAGEMENT, INC.

Principal Place of Business

~~777 ARTHUR GODFREY ROAD~~
~~SUITE 300~~
~~MIAMI BEACH FL 33140~~

Mailing Address

~~777 ARTHUR GODFREY ROAD~~
~~SUITE 300~~
~~MIAMI BEACH FL 33140~~

2. Principal Place of Business

21 925 Arthur Godfrey Rd

22 Suite 103

23 Miami Beach FL

24 33140 25 US

2a. Mailing Address

26 925 Arthur Godfrey Rd

27 Suite 103

28 Miami Beach FL

29 33140 30 US

9. Name and Address of Current Registered Agent

~~FRIEDLANDER & ASSOCIATES, P.A.~~
~~ONE SEVENTH AVENUE~~
~~SUITE 1101~~
~~MIAMI FL 33131-4704~~

3. Date Incorporated or Qualified

03/27/1998

4. FEI Number

65-0827136

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Josiane Taieb

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

925 Arthur Godfrey Road

83 Suite 103

84 City Miami Beach

85 FL Zip Code 33140

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, to 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 reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME TAIEB, SERGE

STREET ADDRESS ~~C/O 777 ARTHUR GODFREY ROAD STE 330~~

CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE D ☐ DELETE

NAME TAIEB, JOISANNE

STREET ADDRESS ~~C/O 777 ARTHUR GODFREY ROAD STE 330~~

CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☐ Addition

1.2 NAME Taieb Serge

1.3 STREET ADDRESS 925 Arthur Godfrey Rd. Ste 103

1.4 CITY-ST-ZIP Miami Beach FL 33140

2.1 TITLE D ☐ Change ☐ Addition

2.2 NAME Taieb Josiane

2.3 STREET ADDRESS 925 Arthur Godfrey Rd. Ste 103

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAIEB

DATE

4/26/99

DAYTIME PHONE #

(305) 534-4494

CR2E034 (11/98)

0208690