

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 17 AM 8:47

DOCUMENT # 708618 (4)

1. Corporation Name
1500 CORAL TOWERS CONDOMINIUM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1500 N. E. 127TH STREET NORTH MIAMI FL 33161

3. Date Incorporated or Qualified 02/23/1965 3a. Date of Last Report 04/14/1994
4. FEI Number 59-1118683 Applied For Not Applicable

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FREEMAN, MARY
1500 NE 127ST
NCRTH MIAMI FL 33161

10. Name and Address of New Registered Agent
81 Name Evelyn Jones
82 Street Address (P.O. Box Number is Not Acceptable) 1500 N.E. 127 St.
83 N. Miami, Fla
84 City FL 85 Zip Code 33161

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 *Evelyn Jones* (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	FREEMAN, MARY
STREET ADDRESS	1500 NE 127TH ST
CITY - ST - ZIP	N MIAMI, FL 00000
TITLE	TD
NAME	NORTH, VIVIAN
STREET ADDRESS	1500 N.E. 127 ST
CITY - ST - ZIP	NO. MIAMI FL
TITLE	D
NAME	D'ANDREA, FRANK
STREET ADDRESS	1500 NE 127TH ST
CITY - ST - ZIP	N MIAMI, FL 00000
TITLE	VD
NAME	MCGEORGE, BILL
STREET ADDRESS	1500 NE 127TH ST
CITY - ST - ZIP	N MIAMI FL
TITLE	PD
NAME	RHOADS, CECILE
STREET ADDRESS	1500 NE 127TH ST
CITY - ST - ZIP	NORTH MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD Jason Swartzbaugh <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1500 N.E. 127 St.
1.3 STREET ADDRESS	N. Miami, Fla - 33161
1.4 CITY - ST - ZIP	
2.1 TITLE	SD Evelyn Jones <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TD 1500 N.E. 127 St.
2.3 STREET ADDRESS	N. Miami Fla. 33161
2.4 CITY - ST - ZIP	
3.1 TITLE	D, Elena Carpenter <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1500 NE 127 St
3.3 STREET ADDRESS	N. Miami, Fla. 33161
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	D Cecile Rhoads <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	1500 NE 127 St.
5.3 STREET ADDRESS	North Miami, FL 33161
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 11D.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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CECILE Rhoads 7/8/95 893-6569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Number