

FILE NOW: FILING FEE IS \$61.25

APPROVED AND FILED #61.25

NONPROFIT CORPORATION, ANNUAL REPORT 1996
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



96 AUG 23 PM 12:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 709774
 1. Corporation Name
PALM BAY CONDOMINIUM, INC.

400001939284
 -09/05/96--01021--016
 *****61.25 *****61.25

Principal Place of Business Mailing Address
770 Palm Bay Lane **770 Palm Bay Lane**
Miami, Fl 33138 **Miami, Fl 33138**
US **US**

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 Zip 29 Country 30 Country

3. Date Incorporated or Qualified 10/18/65 3a. Date of Last Report 2/1/96
 4. FEI Number 59-1112308 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
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City

10. Name and Address of New Registered Agent
Roberts Management & Realty Co., Inc.
1840 NE 153rd Street
North Miami Beach FL 33162

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
 SIGNATURE *Merrill Spivak* Registered Agent **MERRILL SPIVAK**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	P Director
STREET ADDRESS		1.3 STREET ADDRESS	Critchett, Dan
CITY - ST - ZIP		1.4 CITY - ST - ZIP	770 Palm Bay Lane
			Miami, Fl
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	V Director
STREET ADDRESS		2.3 STREET ADDRESS	DeWitz, Curtis
CITY - ST - ZIP		2.4 CITY - ST - ZIP	770 Palm Bay Lane
			Miami, Fl
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	V Director
STREET ADDRESS		3.3 STREET ADDRESS	Gallagher, Phil
CITY - ST - ZIP		3.4 CITY - ST - ZIP	770 Palm Bay Lane
			Miami, Fl
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	S Director
STREET ADDRESS		4.3 STREET ADDRESS	Atlas, Janet
CITY - ST - ZIP		4.4 CITY - ST - ZIP	770 Palm Bay Lane
			Miami, Fl
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	T Director
STREET ADDRESS		5.3 STREET ADDRESS	Atlas, Russell
CITY - ST - ZIP		5.4 CITY - ST - ZIP	770 Palm Bay Lane
			Miami, Fl
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 7-7-96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *[Phone Number]*

CR2E037 (12/95)