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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709953 (4)

1. Corporation Name

SAN REMO, INC., A CONDOMINIUM

Principal Place of Business 2871 N. OCEAN BLVD. BOCA RATON FL 33431	Mailing Address 2871 N. OCEAN BLVD. BOCA RATON FL 33431-7018
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3. Date Incorporated or Qualified 11/19/1965	3a. Date of Last Report 03/27/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1202524	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

**SILVERIO, ALPIER
2871 NORTH OCEAN BLVD.
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name Peter Mollengarden	85 Zip Code 33401
82 Street Address (P.O. Box Number is Not Acceptable) Becker, Poliakoff, P.A.	
83 500 Australian Avenue	
84 City West Palm Beach, FL	

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: *Peter Mollengarden* 2/2/97
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 SD	<input type="checkbox"/> DELETE	1.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BARBARA SPARGO		1.2 NAME DONALD BROWN	
STREET ADDRESS 2871 N. OCEAN BLVD		1.3 STREET ADDRESS 2871 N. OCEAN BLVD.	
CITY-ST-ZIP BOCA RATON FL		1.4 CITY-ST-ZIP BOCA RATON, FL	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FORTI, JOSEPH		2.2 NAME JEAN DAVIES	
STREET ADDRESS 2871 NORTH OCEAN BLVD		2.3 STREET ADDRESS 2871 N. Ocean Blvd.	
CITY-ST-ZIP BOCA RATON FL		2.4 CITY-ST-ZIP BOCA RATON, FL	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FRANK DUNCAN		3.2 NAME FRANK DELANEY	
STREET ADDRESS 2871 N. OCEAN BLVD		3.3 STREET ADDRESS 2871 N. OCEAN BLVD.	
CITY-ST-ZIP BOCA RATON FL		3.4 CITY-ST-ZIP BOCA RATON, FL	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STONER, ROBERT		4.2 NAME VICTOR BENHAM	
STREET ADDRESS 2871 NORTH OCEAN BLVD		4.3 STREET ADDRESS 2871 N. OCEAN BLVD.	
CITY-ST-ZIP BOCA RATON FL		4.4 CITY-ST-ZIP BOCA RATON, FL	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KURZBERG, MICHAEL		5.2 NAME IRVINE MARSHALL	
STREET ADDRESS 2871 N. OCEAN BLVD.		5.3 STREET ADDRESS 2871 N. OCEAN BLVD.	
CITY-ST-ZIP BOCA RATON FL		5.4 CITY-ST-ZIP BOCA RATON FL	
TITLE VPD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SILVERIO, AL		6.2 NAME	
STREET ADDRESS 2871 N OCEAN BLVD.		6.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph V. Forti* President 2/18/97 561-750-7775
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0038777

CR2E037 (9/96)