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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 708618 (4)

1. Corporation Name
1500 CORAL TOWERS CONDOMINIUM, INC.



Principal Place of Business Mailing Address
1500 N. E. 127TH STREET NORTH MIAMI FL 33161
1500 N. E. 127TH STREET NORTH MIAMI FL 33161-5243

3. Date Incorporated or Qualified 02/23/1965
3a. Date of Last Report 04/16/1996

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

4. FEI Number 59-1118683 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
JONES, EVELYN - SECT/TREASURER
1500 NE 127TH ST
N MIAMI FL 33161
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 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SWARTZBAUGH, JASON | 1.2 NAME | |
| STREET ADDRESS | 1500 NE 127TH ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | N MIAMI, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | SDTD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JONES, EVELYN | 2.2 NAME | |
| STREET ADDRESS | 1500 NE 127TH ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NO. MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARPENTER, ELENA | 3.2 NAME | DIRECTOR |
| STREET ADDRESS | 1500 NE 127TH ST | 3.3 STREET ADDRESS | ESPINOSA, JAVIER |
| CITY-ST-ZIP | N MIAMI, FL 00000 | 3.4 CITY-ST-ZIP | 1500 N. E. 127 ST N. MIAMI - 33161 |
| TITLE | VD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCGEORGE, BILL | 4.2 NAME | |
| STREET ADDRESS | 1500 NE 127TH ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | N MIAMI FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOSHO, SOLOMON | 5.2 NAME | |
| STREET ADDRESS | 1500 NE 127TH ST | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH MIAMI FL | 5.4 CITY-ST-ZIP | |
| 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR J.B SWARTZBAUGH 4/12/97
305-891-2434
Date Daytime Phone # 0031659

CR2E037 (9/96)