


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717401 (4)

1. Corporation Name
AQUARIUS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2751 S OCEAN DRIVE HOLLYWOOD, FL . 33019	Mailing Address 2751 S OCEAN DRIVE HOLLYWOOD, FL . 33019
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3. Date Incorporated or Qualified 10/21/1969	
4. FEI Number 59-1445052	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**FRAVEL, MICHAEL
 2751 S. OCEAN DR.
 PH 2-S
 HOLLYWOOD FL 33019**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
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	VPD KLEIN, WILLIAM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2751 S. OCEAN DR., #405-N	1.2 NAME	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	1.3 STREET ADDRESS	
TITLE	VPD ZAHAVI, ROBERT	1.4 CITY-ST-ZIP	
STREET ADDRESS	2751 S. OCEAN DR., #303N	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	HOLLYWOOD, FL 00000	2.2 NAME	
TITLE	SD SMITH, SHARON	2.3 STREET ADDRESS	
STREET ADDRESS	2751 S. OCEAN DR., #602-S	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD FINKELSTEIN, MICHAEL	3.2 NAME	
STREET ADDRESS	2751 S. OCEAN DR., #203-N	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D WEISSMAN, SEYMOUR	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2751 S. OCEAN DR., #1703-S	4.2 NAME	
CITY-ST-ZIP	HOLLYWOOD FL	4.3 STREET ADDRESS	
TITLE	PD FRAVEL, MICHAEL	4.4 CITY-ST-ZIP	
STREET ADDRESS	2751 S. OCEAN DR., PH2-S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	HOLLYWOOD FL	5.2 NAME	
TITLE	PD FRAVEL, MICHAEL	5.3 STREET ADDRESS	
STREET ADDRESS	2751 S. OCEAN DR., PH2-S	5.4 CITY-ST-ZIP	
CITY-ST-ZIP	HOLLYWOOD FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD FRAVEL, MICHAEL	6.2 NAME	
STREET ADDRESS	2751 S. OCEAN DR., PH2-S	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Fravel* 1/15/98

CR2E037 (10/97)