FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 24 1998 8:00am Secretary of State

	1998	DIVISION OF CC	PURATIONS	_	
 Corporatio 	MENT # 238986 GE BROOK VILLAS INC	6 (4)		(1886) (rigi diği dilli diği ças
Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	A 1880 IN LEGAL TITLES TRANS TRANS TRANSFER DEST BIRTH &	inn midu Minu Sinu Bien fül
2901 POLK S HOLLYWOOD		2901 POLK STREET HOLLYWOOD FL 33020		DO NOT WRITE IN THI	C CDACE
				3. Date Incorporated or Qualified	361 AOL
				08/01/1960	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied Fir
21		26		NOT APPLICABLE	Not Applicable
Suite, Apt.		Suite, Apt #, etc.		6. Certificate of Status Desired	\$8.75 Additional
City & State	e	Cily & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Z ip	Country	28	Country	Trust Fund Contribution 8. This corporation owes or has paid the o	Added to Fees
24	25		o	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current			10. Name and Address of New Registere	d Agent
	NDER, MARIE		81 Name		(
	01 POLK ST #8		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
HC	DLLYWOOD FL 33020		<u> </u>		
			83		
			84 City	F	85 Zip Code
44 Durayant	to the provisions of Sections 607.0600	and 607 1609. Florida Statuton	the above pamed core	aration authority this statement for the purpose	of changing its registered
office or r	registered agent, or both, in the State	of Florida, Such change was auf	thorized by the corporati	ion's board of directors. I hereby accept the a	ppointment as registered
	m familiar with, and accept the obliga	aons of, Section 607.0505, Fiori	da Statutes.		
SIGNATURE	Signature, typed or printed name of migratured agen	t and title if applicable (NOTE F	Registered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	KANDEL, ROSE		1.2 NAME		
STREET ADDRESS	2901 POLK STREET HOLLYWOOD FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D D	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE		Change Addition
NAME	MURANO, ROSE		2.2 NAME		C CHAINS C PARTITION
STREET ADDRESS	2901 POLK STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CITY - ST - ZIP		
TITLE	ST	DELETE	3.1 TITLE		Change Addition
NAME	BENDER, MARIE		3.2 NAME		
STREET ADDRESS	2901 POLK STREET		3.3 STREET ADDRESS		ľ
CITY-ST-ZIP	HOLLYWOOD FL		3.4. CITY - ST - ZIP		
TITLE	VPD	DELETE	4.1 TITLE		Change Addition
NAME	BENDER, JOHN		4, 2 NAME		
STREET ADDRESS	2901 POLK STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		T DECENT	5.1 TITLE		
NAME OTREET LOOPEGE			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		
CITY ST. 7ID			6.4 CITY - ST - 7IP		

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 suppliemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: MARIE BARDON Marie Bender 2-20-954-9216741

CR2E034 (10/97)