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Mar 26 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 248119 (0)

1. Corporation Name  
WOODCREST TERRACE APARTMENTS INC



Principal Place of Business: 615 SOUTH RIVERSIDE DRIVE, POMPANO BEACH FL 33062  
Mailing Address: 615 SOUTH RIVERSIDE DRIVE, POMPANO BEACH FL 33062-6244

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		06/03/1961	05/01/1996
22. City & State		27. City & State		4. FEI Number	Applied For
23. Zip		28. Zip		59-1454410	Not Applicable
24. Country		29. Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country		30. Country		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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
RAPP, PATRICIA M.  
615 S RIVERSIDE DR  
POMPANO BCH FL 33062

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	
NAME	RAPP, PATRICIA M.	1.2 NAME	
STREET ADDRESS	615 S. RIVERSIDE DR.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	POMPANO BCH, FL 00000	1.4 CITY-STATE-ZIP	
TITLE	SD	2.1 TITLE	S/D
NAME	WETTIN, PAULINE	2.2 NAME	GRACE SHAYOCK
STREET ADDRESS	615 S RIVERSIDE DR	2.3 STREET ADDRESS	615 S, RIVERSIDE DR.
CITY-STATE-ZIP	POMPANO BCH, FL	2.4 CITY-STATE-ZIP	POMPANO BCH, FL 33062
TITLE	SD	3.1 TITLE	
NAME	LEVERENZ, JEAN	3.2 NAME	
STREET ADDRESS	9 S. 471 PLAINFIELD RD.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	NAPERVILLE IL	3.4 CITY-STATE-ZIP	
TITLE	PD	4.1 TITLE	
NAME	PAFITIS, PHOEBE	4.2 NAME	
STREET ADDRESS	615 S RIVERSIDE DR	4.3 STREET ADDRESS	
CITY-STATE-ZIP	POMPANO BCH FL	4.4 CITY-STATE-ZIP	
TITLE	VD	5.1 TITLE	V/D
NAME	KARAGIANIS, PARAS	5.2 NAME	PARAS KARAGIANIS
STREET ADDRESS	871 OCEAN BLVD	5.3 STREET ADDRESS	445 OCEAN BLVD.
CITY-STATE-ZIP	HAMPTON NH	5.4 CITY-STATE-ZIP	HAMPTON, NH 03843
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed; or on an attachment with an address.

SIGNATURE: Patricia M. Rapp PATRICIA M. RAPP 3/22/97 954-941-7210

CR2E034 (9/96)