

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

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 248119 (0)**

1. Corporation Name  
**WOODCREST TERRACE APARTMENTS INC**



Principal Place of Business <b>615 SOUTH RIVERSIDE DRIVE                  POMPANO BEACH FL 33062</b>	Mailing Address <b>615 SOUTH RIVERSIDE DRIVE                  POMPANO BEACH FL 33062</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/03/1961</b>		4. FEI Number <b>59-1454410</b>		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
23 Zip	25 Country	28 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

g. Name and Address of Current Registered Agent <b>RAPP, PATRICIA M.                  615 S RIVERSIDE DR                  POMPANO BCH FL 33062</b>		10. Name and Address of New Registered Agent		
		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	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	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAPP, PATRICIA M.</b>	1.2 NAME	
STREET ADDRESS	<b>615 S. RIVERSIDE DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHYROCK, GRACE</b>	2.2 NAME	<b>SHYROCK (Spelling Correction)</b>
STREET ADDRESS	<b>615 S RIVERSIDE DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVERENZ, JEAN</b>	3.2 NAME	
STREET ADDRESS	<b>9 S. 471 PLAINFIELD RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPERVILLE IL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAFIS, PHOEBE</b>	4.2 NAME	
STREET ADDRESS	<b>615 S RIVERSIDE DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KARAGIANIS, PARAS</b>	5.2 NAME	<b>WADE BROESAMLE</b>
STREET ADDRESS	<b>445 OCEAN BLVD</b>	5.3 STREET ADDRESS	<b>615 S. RIVERSIDE DR.</b>
CITY-ST-ZIP	<b>HAMPTON NH</b>	5.4 CITY-ST-ZIP	<b>POMPANO BEACH, FL 33062</b>
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 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 Rapp* *Patricia Rapp* *4/30/98* *954-941-7310*

CR2E034 (10/97)