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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **248119**
 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/03/1961	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1454410	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAPP, PATRICIA M. 615 S RIVERSIDE DR POMPANO BCH FL 33062				81 Name Pafitis, Phoebe			
				82 Street Address (P.O. Box Number is Not Acceptable) 615 S RIVERSIDE DR			
				83			
				84 City Pompano Bch FL 85 Zip Code 33062			

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: Phoebe C. Pafitis
 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	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPP, PATRICIA M.	1.2 NAME	CHRISTIAN BLONDA
STREET ADDRESS	615 S. RIVERSIDE DR.	1.3 STREET ADDRESS	615 S. RIVERSIDE DR.
CITY-ST-ZIP	POMPANO BCH, FL 00000	1.4 CITY-ST-ZIP	POMPANO BCH. FL. 33062
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHRYOCK, GRACE	2.2 NAME	
STREET ADDRESS	615 S RIVERSIDE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVERENZ, JEAN	3.2 NAME	
STREET ADDRESS	9 S. 471 PLAINFIELD RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE IL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAFIS, PHOEBE	4.2 NAME	
STREET ADDRESS	615 S RIVERSIDE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VICE PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROESAMLE, WADE	5.2 NAME	PAULINE WETTIN
STREET ADDRESS	615 S RIVERSIDE DRIVE	5.3 STREET ADDRESS	615 SO. RIVERSIDE DR.
CITY-ST-ZIP	POMPANO BEACH FL 33062	5.4 CITY-ST-ZIP	POMPANO BCH. FL. 33062
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, with all other like empowered.

SIGNATURE: Phoebe C. Pafitis **REQUIRED** 4/8/99 954-943-5962
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034-(1/1/98)