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**Jan 22 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 # 257119 (8)

Corporation Name
MIRAMAR GARDEN APARTMENTS INC



Principal Place of Business: **60 VENETIAN DRIVE DELRAY BEACH FL 33483**
Mailing Address: **60 VENETIAN DRIVE DELRAY BEACH FL 33483-6861**

3. Date Incorporated or Qualified: **03/20/1962**
3a. Date of Last Report: **07/03/1996**
4. FEI Number: **59-1028411**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
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: Yes No

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

9. Name and Address of Current Registered Agent
**DIONNE, CLAUDE LCW
60 VENETIAN DRIVE
DELRAY BEACH FL 33483**

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 **FL**

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 | |
|----------------------------|---|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | GIORDANO, JOHN |
| STREET ADDRESS | 60 VENETIAN DR., N-201 |
| CITY - ST - ZIP | DELRAY BCH FL |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | DIGGANS, BETTY |
| STREET ADDRESS | 60 VENETIAN DR., N-105 |
| CITY - ST - ZIP | DELRAY BEACH FL |
| TITLE | TD <input type="checkbox"/> DELETE |
| NAME | MURTAGH, ROBERT |
| STREET ADDRESS | 60 VENETIAN DR N305 |
| CITY - ST - ZIP | DELRAY BCH FL 33483 |
| TITLE | SD <input type="checkbox"/> DELETE |
| NAME | ALLEN, SHIRLEY |
| STREET ADDRESS | 80 VENETIAN DR., #S-102 |
| CITY - ST - ZIP | DELRAY BCH FL 33483 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | GALLOWAY, GLORIA |
| STREET ADDRESS | 80 VENETIAN DR #S-104 |
| CITY - ST - ZIP | DELRAY BCH FL 33483 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | BROWNELL, SALLY |
| STREET ADDRESS | 80 VENETIAN DR #206 |
| CITY - ST - ZIP | DELRAY BCH FL 33483 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Hughes, John W. |
| 1.3 STREET ADDRESS | 60 Venetian Tr. N201 |
| 1.4 CITY - ST - ZIP | Delray Beach FL 33483 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - 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 unchanged, or only in attachment with an address.

SIGNATURE: Robert Murtagh Robert Murtagh 1/10/97 275-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)