

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

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
1. Corporation Name

258798

Carroll Manor Apartments, Inc.

Principal Place of Business Mailing Address
32 Camden Drive, Apt. # 1
Bal Harbour, FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
May 9, 1962

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-0997383	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		8. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent

James, Bielejeski, Lunny & Nurelius
4367 North Federal Highway
Fort Lauderdale, FL 33308

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P & T & D <input checked="" type="checkbox"/> DELETE	11 TITLE	P & T & D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Van Huffel	12 NAME	Phil Smith
STREET ADDRESS	32 Camden Drive, #10	13 STREET ADDRESS	32 Camden Drive, #2
CITY-ST-ZIP	Bal Harbour, FL 33154 <input type="checkbox"/> DELETE	14 CITY-ST-ZIP	Bal Harbour, FL 33154 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V & D <input checked="" type="checkbox"/> DELETE	21 TITLE	V & D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan Van Huffel	32 NAME	Msgr. Joseph O'Shea
STREET ADDRESS	32 Camden Drive, #10	33 STREET ADDRESS	32 Camden Drive, #6
CITY-ST-ZIP	Bal Harbour, FL 33154 <input type="checkbox"/> DELETE	34 CITY-ST-ZIP	Bal Harbour, FL 33154 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S & D <input checked="" type="checkbox"/> DELETE	41 TITLE	200002447542
NAME	Dianne Knappenberger	42 NAME	-03/05/98--01006--030
STREET ADDRESS	32 Camden Drive, #1	43 STREET ADDRESS	***150.00
CITY-ST-ZIP	Bal Harbour, FL 33154 <input type="checkbox"/> DELETE	44 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dianne Knappenberger	52 NAME	Dianne Knappenberger
STREET ADDRESS	32 Camden Drive, #1	53 STREET ADDRESS	32 Camden Drive, #1
CITY-ST-ZIP	Bal Harbour, FL 33154 <input type="checkbox"/> DELETE	54 CITY-ST-ZIP	Bal Harbour, FL 33154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	61 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mauricio Leite	62 NAME	Mauricio Leite
STREET ADDRESS	32 Camden Drive, #7	63 STREET ADDRESS	32 Camden Drive, #7
CITY-ST-ZIP	Bal Harbour, FL 33154	64 CITY-ST-ZIP	Bal Harbour, FL 33154

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: *Philip H. Smith, Jr., Pres.* 2/26/98

CR2E034 (10/97)