PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

266060

(3)

CANTERBURY APARTMENTS INC							
Principa' Place of Business Mailing Address						IDIK BOM BIRKA BIBIK BIBI	I BUBIL BUBIL BUBIL 1881
% CANTERBURY APT INC		% CANTERBURY APT INC					
1845 JEFFERSON ST 1845 JEFFERSON ST HOLLYWOOD FL 33020 HOLLYWOOD FL 33020							
IIOEE I IIIOO	70 TE 33020	HOLLINGOOD IT 334	20		3. Date Incorporated or Qualified	3a. Date of Last	•
20000000000000					01/11/1963	01/23	
2. Principal Fla	ace of Business	2a. Mailing Address			4. FEI Number	Ļ	Applied For
21 Suite, Apt. #	f etc	Suite, Apt. #, etc.		NOT APPLICABLE		Not Applicable	
2		27		5. Certificate of Status Desired	1 1	75 Additional se Required	
City & State		City & State		6. Election Campaign Financing	\$5	.00 May Be	
23		28		Trust Fund Contribution	Added to Fees		
— т ^{Zip}	Country	Z _I p Country		8. This corporation has liability for intangible tax under s 199.032,			
24	25	29	_]30		Florida Statutes Yes		
	g. Name and Address of Current	negistered Agent	81	Name	10. Name and Address of New R	legistered Agent	
DIETCH	JE JAUN		0,		Property States		
DIETCHE, JOHN 1845 JEFFERSON ST			82	Street Ad	dress (P.O. Box Number is Not Acceptab	ole)	
APT #6			83			<u> </u>	
	WOOD FL 33020		-1-	ļ	Apt		
-			84	City	+++++++	FL 85	Zip Code
11. Pursuant to or registere familiar with	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida h, and accept the obligations of, Section	ind 607,1508, Florida Statuti i. Such change was authoriz n 607,0505, Florida Statutes	es, the above- ed by the corp	named corp xoration's bo	oration submits this statement for the pur pard of directors. I hereby accept the app	pose of changing it ointment as register	ts registered office red agent. I am
SIGNATURE							
	Styriatine, typed or printed name of registured agent ar			nt signature requ	ired when reinstating)	DATE	
12. 11'Lf	PT OFFICERS AND	DELETE	13.	ľ	ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	
NAME	ZUCCO, ERNEST		1.2 NAME				e [] Modilion
STHEET ADDIRESS	1845 JEFFERSON ST			T ADDRESS			
City-S*-ZIP	HOLLYWOOD FL		1.4 CITY-1				
TITLE	VP	☐ DELFTE	2 1 TITLE			☐ Chang	e 🔲 Addition
NAME	JUSSAVME, ROMEO		22 NAME				
STREET ADDRESS	1845 JEFFERSON STREET		2 3 STREE	ADDRESS			
C-TY-ST-7:P	HOLLYWOOD, FL 00000		24 CITY - 5	ST-ZIP			
T:TLE	\$	☐ DELETE	3 1 TITLE			Chang	ge 🔲 Addition
NAME .	DIETCHE, JOHN		3 2 NAME				
STREET ADDRESS	1845 JEFFERSON ST			T ADDRESS			
City-St-ZiP Title	HOLLYWOOD FL D	☐ DELETE	3.4 City - 5 4. 1 Title	ST - 7IP		Change	as 🗖 Addition
NAME	ZUCCO, ALPHONSE	[] occere	4.) THEE			☐ Chang	ge Addition
STREET ADDRESS	1845 JEFFERSON ST			ADDRESS			
CITY - ST - ZIP	HOLLYWOOD FL		4.4 CiTY-5		9000017: 03/06/96010	ဒ္တဒ္ဌာဌဌ	
TOLE	D	DELETE	5 1 TITLE	, ±	***200.00	UZ9 =- UI Chang	e
NAME	ARSENAULT, CLAIRE		5.2 NAME		~~~~~UU• UU	~	_
STREET ADDRESS	1845 JEFFERSON ST		5.3 STREET	ADDRESS			
CITY-ST-ZIF	HOLLYWOOD FL		5.4 CITY-S	ST-ZIP			
TITLE		DELETE	6 1 TITLE			☐ Chang	pe 🗆 Addition
NAME			6.2 NAME			~;	. 1 111
STREET ADDRESS			6.3 STREE	ADDRESS		()	F3 101
CITY-ST-ZIP	contife that the information	th this files is not refer to the	6 4 City-S			07/0/12 5: 11 5:	1 //
certify that i	the information indicated on this annual	l report or supplemental anni	ual report is tru	ue and accu	for the exemption stated in Section 119. rate and that my signature shall have the	same legal effect as	s if mad under
oath, that I appears in l	am an officer or director of the corpora Block 12 or Block 13 if changed or on	ition or the receiver or truster an attactiment with an addr	e enipowered ess.	to execute t	his report as required by Chapter 607, Fk	orida Statutes; and	that his bame

SIGNATURE: ...

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIFTOHE

15/96 (954) 926-6109 Daylime Phone # :R2E034 (12/95)