

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

**FILED**

**Feb 24 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 266060 (3)**

1. Corporation Name  
**CANTERBURY APARTMENTS INC**



Principal Place of Business <b>% CANTERBURY APT INC 1845 JEFFERSON ST HOLLYWOOD FL 33020</b>	Mailing Address <b>% CANTERBURY APT INC 1845 JEFFERSON ST HOLLYWOOD FL 33020-5405</b>
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3. Date Incorporated or Qualified <b>01/11/1963</b>	3a. Date of Last Report <b>03/05/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**DIETCHE, JOHN  
1845 JEFFERSON ST  
APT #6  
HOLLYWOOD FL 33020**

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	<b>FL</b>

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: *John Dietche* **JOHN DIETCHE** DATE: **2/17/97**

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	<b>ZUCCO, ERNEST</b>	
STREET ADDRESS	<b>1845 JEFFERSON ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	<b>JUSSAVME, ROMEO</b>	
STREET ADDRESS	<b>1845 JEFFERSON STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 00000</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>DIETCHE, JOHN</b>	
STREET ADDRESS	<b>1845 JEFFERSON ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>ZUCCO, ALPHONSE</b>	
STREET ADDRESS	<b>1845 JEFFERSON ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>ARSENAULT, CLAIRE</b>	
STREET ADDRESS	<b>1845 JEFFERSON ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ZUCCO, ALPHONSE</b>	
1.3 STREET ADDRESS	<b>1845 JEFFERSON St</b>	
1.4 CITY-ST-ZIP	<b>Hollywood, FL</b>	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BORDELEAU, GILES</b>	
2.3 STREET ADDRESS	<b>1845 Jefferson St.</b>	
2.4 CITY-ST-ZIP	<b>Hollywood, FL</b>	
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>ZUCCO, ERNEST</b>	
4.3 STREET ADDRESS	<b>1845 Jefferson St</b>	
4.4 CITY-ST-ZIP	<b>Hollywood, FL.</b>	
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 if changed, or on an attachment with an address.

SIGNATURE: *John Dietche* **JOHN DIETCHE** DATE: **2/17/97** (954) 920-9893

CR2E034 (9/96)