

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murdick
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **267193** (1)

1. Corporation Name
YORK APARTMENTS, INC.



Principal Place of Business: **595 SANDY HOOK RD, PALM HARBOR FL 34683 US**
Mailing Address: **595 SANDY HOOK RD, PALM HARBOR FL 34683 US**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 County
25
2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified: **02/15/1963**
3a. Date of Last Report: **05/01/1995**
4. FEIN Number: **59-0998549**
Applied For: Not Applicable
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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
PATRICIA P BUDLONG
595 SANDY HOOK RD
CLEARWATER, FL ~~delete~~
PALM HARBOR FL 34683

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 607.0607 and 607.1508, Florida Statutes, the above named corporation hereby, by 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 607.0609, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BUDLONG, PATRICIA P.	
STREET ADDRESS	595 SANDY HOOK ROAD	
CITY-STATE-ZIP	PALM HARBOR FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	THOMAS, BEVERLY P	
STREET ADDRESS	1756 2550 RD	
CITY-STATE-ZIP	CEDAREdge CO	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GREEN, MARJORIE P	
STREET ADDRESS	20485 ST RT #4	
CITY-STATE-ZIP	MARYSVILLE, OH 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes; I further certify that the information included 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 business 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: *Patricia P. Budlong* Patricia P. Budlong 4/2/96 (813) 789-9243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)