

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

FILED

**Apr 15 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 # 372105 (7)
1. Corporation Name
THE ADMIRALTY APARTMENTS, INC.



Principal Place of Business: **10150-10160 COLLINS AVE BAL HARBOUR FL 33154**
Mailing Address: **10150-10160 COLLINS AVE BAL HARBOUR FL 33154**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/02/1970	3a. Date of Last Report 03/15/1996
21. Sute, Apt. #, etc.	22. City & State	26. Sute, Apt. #, etc.	27. City & State	4. FEI Number 31-0803914	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
24. GREEN & KANE 627 71ST STREET MIAMI BEACH FL				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				85. Zip Code	
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORTEZ, FRANK	1.2 NAME	Ms. Donna Argentieri
STREET ADDRESS	10150 COLLINS AVE 202	1.3 STREET ADDRESS	10160 Collins Ave #305 Bal Harbour Fl
CITY-ST-ZIP	BAL HARBOUR FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TECCE, FRED	2.2 NAME	Mr. Victor Kamber
STREET ADDRESS	10150 COLLINS AVE	2.3 STREET ADDRESS	10160 Collins Ave, 302
CITY-ST-ZIP	BAL HARBOR, FL 0	2.4 CITY-ST-ZIP	Bal Harbour FL 33154
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMMUSA, JAMES V.	3.2 NAME	Lawrence Wilkinos
STREET ADDRESS	10150 COLLINS AVE	3.3 STREET ADDRESS	10160 Collins Ave #104
CITY-ST-ZIP	BAL HARBOR FL	3.4 CITY-ST-ZIP	Bal Harbour FL 33154
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Dick Riccio
STREET ADDRESS		4.3 STREET ADDRESS	10150 Collins Ave, #106
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Bal Harbour FL 33154
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 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: **X** *[Signature]* **SIGNATURE REQUIRED** **X** April 9, 1997 **X** (305) 861-5454

CR2E034 (9/96)