

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

FILED

**May 05 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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/02/1970	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, 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
24		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GREEN & KANE 627 71ST STREET MIAMI BEACH FL			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City	FL	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 CORTEZ, FRANK 10150 COLLINS AVE 202 BAL HARBOUR FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE DP	<input type="checkbox"/> DELETE TECCE, FRED 10150 COLLINS AVE BAL HARBOR, FL 0	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE CAMMISA, JAMES V 10150 COLLINS AVE BAL HARBOR FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice Pres & Treasurer
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE ARGENTIERI, DONNA M 10160 COLLINS AVE., #305 BAL HARBOUR FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Riccio, Dick
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	10150 Collins Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Bal Harbor, FL
TITLE D	<input type="checkbox"/> DELETE KAMBER, VICTOR M 10160 COLLINS AVE., #301 BAL HARBOUR FL	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gentile, Robert
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	10150 Collins Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Bal Harbor, FL
TITLE D	<input type="checkbox"/> DELETE WILKINSONS, LAWRENCE 10160 COLLINS AVE., #104 BAL HARBOUR FL	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Colaiani, Vincent
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	10150 Collins Avenue
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Bal Harbor, FL

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: _____ 4/30/98 (1205) 211-5454

CR2E034 (10/97)