PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED
May 27, 1999 8:00 am
Secretary of State
05-27-1999 90005 049 ***150.00

1999

DOCUMENT # 372105

1. Corporation Name

| 1. Corporation Name | | 1 | |
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| THE ADMIRALTY APARTMENTS, INC. | | | |
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| DIE MANDON 16 20134 | | DO NOT WRITE IN THIS | S SPACE |
| | | 3. Date Incorporated or Qualified | 1 |
| | | 11/02/1970 | |
| Principal Place of Business 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 26 | | 31-0803914 | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 27 | | | Fee Required |
| City & State City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 28 28 | | Trust Fund Contribution | Added to Fees |
| Zip Country Zip | Country | 8. This corporation owes the current year in | |
| | 30 | Personal Property Tax. | |
| 9. Name and Address of Current Registered Agent | - Inal Number | 10. Name and Address of New Registered | Agent |
| ODETH & MANE | 81 Name | | |
| GREEN & KANE | 82 Street Ad | dress (P.O. Box Number is Not Acceptable) | |
| 627 71ST STREET | 31/ | + TINST ST | |
| MIAMI BEACH FL 3314/ | 83 | | |
| | | | 85 Zip Code |
| | 84 City | | |
| · | 1 1 777 | HHI ISEACH FI | L 3ゴノモ/ |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute | s the observe comed co | enoration cultimite this statement for the numosa o | f changing its registered |
| | s, the above-named co | enoration cultimite this statement for the numosa o | f changing its registered |
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64 CITY-ST-ZP

8AL HARBOUR 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 cath; 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, with all other like empowered.

62 NAME

6.3 STREET ADDRESS 6.4 City-St-ZIP

SIGNATURE: X

NAME

COLAINNI, V

STREET ADDRESS 10150 COLLINS AVE

SE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

#102

x 4/27/99

X 3c.586/-54174 Daytime Phone # CR2E034 (11/98)

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