

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 372105

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/02/1970

4. FEI Number
31-0803914

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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent
GREEN & KANE
627 71ST STREET
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
317 71st St
83
84 City MIAMI BEACH FL 85 Zip Code 33141

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	Larry Wilkinson	
STREET ADDRESS	10160 Collins Av #104	
CITY-ST-ZIP	Bal Harbour FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TECCE, FRED	
STREET ADDRESS	10150 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Al Terenana	
STREET ADDRESS	10150 Collins Ave #204	
CITY-ST-ZIP	Bal Harbour FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Edward Kellan	
STREET ADDRESS	10150 Collins Ave #304	
CITY-ST-ZIP	Bal Harbour FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GENTILE, R	
STREET ADDRESS	10150 COLLINS AVE #104	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLAINNI, V	
STREET ADDRESS	10150 COLLINS AVE #102	
CITY-ST-ZIP	BAL HARBOUR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dr Sandra Frazier	
1.3 STREET ADDRESS	10150 Collins Av #205	
1.4 CITY-ST-ZIP	Bal Harbour FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bob Cobb	
2.3 STREET ADDRESS	10150 Collins Av #105	
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Daniel Cassis	
3.3 STREET ADDRESS	10160 Collins Av #105	
3.4 CITY-ST-ZIP	Bal Harbour FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: [Signature] REQUIRED 4/23/99 305 861-5454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)