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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **703442** **(4)**

1. Corporation Name

RIO - MAR APARTMENTS INC

Principal Place of Business	Mailing Address
3232 CANAL DRIVE P O BOX 5193 LIGHTHOUSE POINT FL 33074	3232 CANAL DRIVE P O BOX 5193 LIGHTHOUSE POINT FL 33074-5193

3. Date Incorporated or Qualified: 01/12/1962
3a. Date of Last Report: 02/15/1996

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

4. FEI Number: 59-1031935 ☐ 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

9. Name and Address of Current Registered Agent

FOLEY, GEORGE
3232 CANAL DRIVE
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name: George Foley
82 Street Address (P.O. Box Number is Not Acceptable): 3232 Canal Dr. Apt 19
83
84 City: Pompano Beach FL 85 Zip Code: 33062

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, ELEANOR		1.2 NAME	
STREET ADDRESS	3232 CANAL DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 00000		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FOLEY, GEORGE		2.2 NAME	
STREET ADDRESS	3232 CANAL DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 00000		2.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	POWERS, JOHN		3.2 NAME	
STREET ADDRESS	3232 CANAL DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WELSH, CAROLYN		4.2 NAME	
STREET ADDRESS	3232 CANAL DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 00000		4.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WHEELEY, MAURICE		5.2 NAME	
STREET ADDRESS	3232 CANAL DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George Foley GEORGE FOLEY 3/18/97 954/782-4428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0026174