

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 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 # 704578 (4)

1. Corporation Name
CORONET VILLA APARTMENTS, INC.



Principal Place of Business
2300 JACKSON ST
HOLLYWOOD FL 33020

Mailing Address
C/O R. MCDONNELL
5300 WASHINGTON ST. APT 214 W
HOLLYWOOD FL 33021-7764

3. Date Incorporated or Qualified: 09/26/1962
3a. Date of Last Report: 04/09/1996
4. FEI Number: 59-1035187
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

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

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

clo J. DeGaglia
8 OLDFIELD CT
GARNERVILLE NY 10
10923 USA

9. Name and Address of Current Registered Agent
MCDONNELL, ROBERT E.
5300 WASHINGTON ST
APT 214 W
HOLLYWOOD FL 33020

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

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: _____ (NOTE: Registered Agent signature required when relistating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
STD	DEGALIA, JOANN	44-DEMAREST AVE	WEST HAVERSTRAW NY	<input type="checkbox"/>
PD	MCDONNELL, ROBERT E	2300 JACKSON ST	HOLLYWOOD, FL 00000	<input type="checkbox"/>
D	IANNELLI, ANN	20-14 123 ST	LJ NY 11356	<input type="checkbox"/>
D	PINTAUDI, ROSARIO	8 LAURAL DR	STONY POINT NY 10986	<input type="checkbox"/>
D	COTE', FRANCOISE	1400 LOUISE ST	ST FRANCAIS-LAVAL QUEBEC,CAN	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1.1				<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2					
1.3		8 OLDFIELD CT	GARNERVILLE NY 10923		
1.4					
2.1				<input type="checkbox"/>	<input type="checkbox"/>
2.2					
2.3					
2.4					
3.1				<input type="checkbox"/>	<input type="checkbox"/>
3.2					
3.3					
3.4					
4.1				<input type="checkbox"/>	<input type="checkbox"/>
4.2					
4.3					
4.4					
5.1				<input type="checkbox"/>	<input type="checkbox"/>
5.2					
5.3					
5.4					
6.1				<input type="checkbox"/>	<input type="checkbox"/>
6.2					
6.3					
6.4					

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)