


FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704578

1. Corporation Name
CORONET VILLA APARTMENTS, INC.

Principal Place of Business 2300 JACKSON ST HOLLYWOOD FL 33020	Mailing Address C/O J DEGAGLIA 8 OLDFIELD CT GARNERVILLE NY 10923 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/26/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1035187
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Country 29	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		10. Name and Address of New Registered Agent	
CONNELLY, ALVA 2300 JACKSON ST APT 11 CORONET VILLA APTS HOLLYWOOD FL 33020		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 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGALIA, JOANN	1.2 NAME	DEGAGLIA JOANN
STREET ADDRESS	44 DEMAREST AVE	1.3 STREET ADDRESS	8 OLDFIELD CT.
CITY-ST-ZIP	WEST HAVERSTRAW NY	1.4 CITY-ST-ZIP	GARNERVILLE NY 10923
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELLY, ALVA	2.2 NAME	
STREET ADDRESS	2300 JACKSON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000 33020	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IANNELLI, ANN	3.2 NAME	
STREET ADDRESS	8 OLDFIELD CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	GARNERVILLE NY	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINTAUDI, ROSARIO	4.2 NAME	
STREET ADDRESS	8 LAURAL DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	STONY POINT NY 10986	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTE', FRANCOISE	5.2 NAME	
STREET ADDRESS	1400 LOUISE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST FRANCAIS-LAVAL QUEBEC,CAN	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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 1/13/99 914-429-0703

CR2E037 (11/98)