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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708723

1. Corporation Name
PALM TERRACE APARTMENTS OF POMPANO, INC.

Principal Place of Business	Mailing Address
750 PINE DRIVE APARTMENT 6 POMPANO BEACH FL 33060	750 PINE DRIVE APARTMENT 6 POMPANO BEACH FL 33060

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 03/30/1965 4. FEI Number 59-1158074 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BLUE, JEWELL C
750 PINE DR #2
POMPANO BCH FL 33060

10. Name and Address of New Registered Agent

81 Name: RAMON VILLEGAS
82 Street Address (P.O. Box Number is Not Acceptable): 750 PINE DR #8
83
84 City: POMPANO BCH FL 85 Zip Code: 33060

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: RAMON VILLEGAS Ramon Villegas 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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LUONGO, VITO		1.2 NAME	
STREET ADDRESS	750 PINE DR #6		1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD ☒ Change ☐ Addition
NAME	STELLATO, MICHAEL		2.2 NAME	CINDY WIEST
STREET ADDRESS	750 PINE DRIVE #3		2.3 STREET ADDRESS	750 PINE DRIVE #18
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	TD	☒ DELETE	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	LUONGO, VITO		3.2 NAME	RAMON VILLEGAS
STREET ADDRESS	750 PINE DRIVE #6		3.3 STREET ADDRESS	750 PINE DRIVE #8
CITY-ST-ZIP	POMPANO BEACH FL		3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	SD	☒ DELETE	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	GILLES, FARLY		4.2 NAME	MAGGIE DAVIDSON
STREET ADDRESS	750 PINE DRIVE #9		4.3 STREET ADDRESS	750 PINE DRIVE #11
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	ASD	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BLUE, JEWELL C		5.2 NAME	
STREET ADDRESS	750 PINE DR., APT. 2		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 (11/98)

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: Vito Luongo **REQUIRED** VITO LUONGO, PRESIDENT, 3-24-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
954-942-5710