

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **711315 (2)**

1. Corporation Name

**GEORGIAN COURT APARTMENTS, INC.**

95 MAR 15 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
1801 NE 62ND STREET APT. 125 FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/08/1966</b>	3a. Date of Last Report <b>03/14/1994</b>
4. FEI Number <b>59-1172290</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**WEST, BARBARA F.  
4530 NORTH FEDERAL HIGHWAY  
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

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 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 607.0805, Florida Statutes.

SIGNATURE *Barbara F. West* DATE **3-9-95**

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>Pat Roscetti</b>
STREET ADDRESS	<b>4530 N FEDERAL HWY</b>
CITY - ST - ZIP	<b>FT LAUDERDALE, FL 00000</b>
TITLE	<b>TD</b>
NAME	<b>ANDERSON, JAMES P.</b>
STREET ADDRESS	<b>4530 N FEDERAL HWY</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>VPD</b>
NAME	<b>GALLAGHER, FRANK</b>
STREET ADDRESS	<b>4530 N. FEDERAL HIGHWAY</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>D</b>
NAME	<b>BOWSER, FRANK</b>
STREET ADDRESS	<b>4530 N FEDERAL HWY</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>PD</b>
NAME	<b>WEST, BARBARA</b>
STREET ADDRESS	<b>4530 N FEDERAL HWY</b>
CITY - ST - ZIP	<b>FT LAUDERDALE, FL 00000</b>
TITLE	<b>SD</b>
NAME	<b>BOCHICCHIO, M.L.</b>
STREET ADDRESS	<b>4530 N FEDERAL HWY</b>
CITY - ST - ZIP	<b>FT LAUDERDALE, FL 00000</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara F. West* DATE **3-9-95** TIME **222-5353**