

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 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 # 711315 (2)

1. Corporation Name

GEORGIAN COURT APARTMENTS, INC.



Principal Place of Business

Mailing Address

1801 NE 62ND STREET
APT. 125
FT. LAUDERDALE FL 33308

1801 NE 62ND STREET
APT. 125
FT. LAUDERDALE FL 33308-2142

3. Date Incorporated or Qualified
08/08/1966

3a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1172290

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 *Barbara F. West*

3/04/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ROSCETTI, PAT	
STREET ADDRESS	4530 N FEDERAL HWY	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	ANDERSON, JAMES P.	
STREET ADDRESS	4530 N FEDERAL HWY	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GALLAGHER, FRANK	
STREET ADDRESS	4530 N. FEDERAL HIGHWAY	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWSER, FRANK	
STREET ADDRESS	4530 N FEDERAL HWY	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEST, BARBARA	
STREET ADDRESS	4530 N FEDERAL HWY	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BOCHICCHIO, M.L.	
STREET ADDRESS	4530 N FEDERAL HWY	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	

1.1 TITLE	Ass't Sec. D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Edelfelt, Ivan	
1.3 STREET ADDRESS	4530 N Federal Highway	
1.4 CITY - ST - ZIP	Ft. Lauderdale, FL 00000	
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 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: *Barbara F. West* Barbara F. West 3/04/97 (954) 772-5353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0034345

CR2E037 (9/96)