

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711315 (2)
 1. Corporation Name
GEORGIAN COURT APARTMENTS, INC.



Principal Place of Business 1801 NE 62ND STREET APT. 125 FT. LAUDERDALE FL 33308	Mailing Address 1801 NE 62ND STREET APT. 125 FT. LAUDERDALE FL 33308
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3. Date Incorporated or Qualified
08/08/1966

4. FEI Number
59-1172290

Applied For	Not Applicable
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2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

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

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

City & State
22

City & State
27

7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip Country
24 **25** **29** **30**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 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 (BARBARA F. WEST)* **3/27/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSCETTI, PAT	1.2 NAME	Apicella, Edward
STREET ADDRESS	4530 N FEDERAL HWY	1.3 STREET ADDRESS	4530 North Federal Highway
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 00000
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	Belfelt, Ivan	2.2 NAME	
STREET ADDRESS	4530 N FEDERAL HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	GALLAGHER, FRANK	3.2 NAME	
STREET ADDRESS	4530 N. FEDERAL HIGHWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	BOWSER, FRANK	4.2 NAME	
STREET ADDRESS	4530 N FEDERAL HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	Asst Sec., D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	WEST, BARBARA	5.2 NAME	
STREET ADDRESS	4530 N FEDERAL HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	BOCHICCHIO, M.L.	6.2 NAME	
STREET ADDRESS	4530 N FEDERAL HWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	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.

SIGNATURE: *Barbara F. West* **3/27/98** **(954) 772-5353**

CR2037 (10/97)