

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # 712683 (2)  
 1. Corporation Name

GEORGIAN COURT APARTMENT NORTH, INC.

Principal Place of Business: 6260 N. E. 18TH AVENUE, FORT LAUDERDALE FL 33334  
 Mailing Address: 6260 N. E. 18TH AVENUE, FORT LAUDERDALE FL 33334



600001925986  
 -08/20/96--01039--050  
 \*\*\*61.25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/04/1967	04/21/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1216082	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24	25	29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33308		USA			

9. Name and Address of Current Registered Agent  
 SWEeley, BERNARD  
 6260 NE 18 AVE #802  
 FT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent  
 81 Name: Z. Bochin  
 82 Street Address (P.O. Box Number is Not Acceptable): 6260 NE 18th Ave., Apt. 722  
 83  
 84 City: Ft. Lauderdale, FL 85 Zip Code: 33334

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: *Zenia M. Bochin* Pres. ZENIA M. BOCHIN 6-7-96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE
NAME	SWEeley, BERNARD	Pres. <i>D</i>
STREET ADDRESS	6260 NE 18 AVE #802	1.2 NAME
CITY-ST-ZIP	FT LAUDERDALE FL	Zenia Bochin
	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS
		6260 NE 18 Ave. # 722
		1.4 CITY-ST-ZIP
		Ft. Lauderdale, FL 33334
TITLE	VPD	2.1 TITLE
NAME	MONAHAN, CHARLES	V. Pres. <i>D</i>
STREET ADDRESS	6260 NE 18 AVE #810	2.2 NAME
CITY-ST-ZIP	FT LAUDERDALE FL	Edward Ryan
	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS
		6263 NE 19 Ave. #912
		2.4 CITY-ST-ZIP
		Ft. Lauderdale, FL 33308
TITLE	TD	3.1 TITLE
NAME	MCKENNA, MARGARETA	Treas. <i>D</i>
STREET ADDRESS	6260 NE 18 AVE #826	3.2 NAME
CITY-ST-ZIP	FT LAUDERDALE FL	Carole Luciano
	<input checked="" type="checkbox"/> DELETE	3.3 STREET ADDRESS
		6263 NE 19 Ave. # 923
		3.4 CITY-ST-ZIP
		Ft. Lauderdale, FL 33308
TITLE	S	4.1 TITLE
NAME	HENNESSY, VIRGINIA	Secretary <i>D</i>
STREET ADDRESS	6260 NE 18 AVE #823	4.2 NAME
CITY-ST-ZIP	FT LAUDERDALE, FL	Marjorie Bowes
	<input checked="" type="checkbox"/> DELETE	4.3 STREET ADDRESS
		6260 NE 18 Ave. # 822
		4.4 CITY-ST-ZIP
		Ft. Lauderdale, FL 33334
TITLE	D	5.1 TITLE
NAME	DIXON, DANIA	Director <i>D</i>
STREET ADDRESS	6260 NE 18 AVE #804	5.2 NAME
CITY-ST-ZIP	FORT LAUDERDALE FL	Howard F. Snevel
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
		6263 NE 19 Ave. # 922
		5.4 CITY-ST-ZIP
		Ft. Lauderdale, FL 33308
TITLE		6.1 TITLE
NAME		<del>XXXXXXXX</del>
STREET ADDRESS		6.2 NAME
CITY-ST-ZIP		6.3 STREET ADDRESS
	<input type="checkbox"/> DELETE	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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Zenia M. Bochin* PRESIDENT 6-7-96 772-2240  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)