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**Apr 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
6260 N. E. 18TH AVENUE FORT LAUDERDALE FL 33334
6261 N.E. 19 AVE. #1203 FT. LAUDERDALE FL 33308 US

3. Date Incorporated or Qualified
05/04/1967

4. FEI Number Applied For
59-1216082 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **6261 N.E. 19th Ave.** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **#1203** 27
City & State City & State
23 **Ft. Lauderdale, FL** 28
Zip Country Zip Country
24 **33308** 25 **Broward** 29 30

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

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

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

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
**RYAN, EDWARD J
6261 N.E. 19TH AVE.
#1203
FT LAUDERDALE FL 33308**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	RYAN, EDWARD J
STREET ADDRESS	6261 N.E. 19TH AVE., #1203
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	V/D <input checked="" type="checkbox"/> DELETE
NAME	RYAN, EDWARD
STREET ADDRESS	6263 N. E. 18TH AVENUE #912
CITY-ST-ZIP	FORT LAUDERDALE FL 33334
TITLE	T/D <input checked="" type="checkbox"/> DELETE
NAME	LUCIANO, CAROLE
STREET ADDRESS	6263 N. E. 18TH AVENUE #923
CITY-ST-ZIP	FORT LAUDERDALE FL 33334
TITLE	D <input type="checkbox"/> DELETE
NAME	DIXON, DANIEL
STREET ADDRESS	6261 N.E. 19TH AVE., #1203
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BAILEY, GARETTA
STREET ADDRESS	6261 N.E. 19TH AVE., #1203
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MECCIA, MARIE
STREET ADDRESS	6261 N.E. 19TH AVE., #1203
CITY-ST-ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ryan, Edward J
1.3 STREET ADDRESS	6263 N.E. 19th Ave. #912
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McGrath, S. Jake
2.3 STREET ADDRESS	6260 N.E. 18th Ave. #805
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33334
3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Wilcox, Robert E.
3.3 STREET ADDRESS	6263 N.E. 19th Ave. #1001
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dixon, Daniel
4.3 STREET ADDRESS	6260 N.E. 18th Ave. #804
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33334
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Prindeville, Marguerite
5.3 STREET ADDRESS	6263 N.E. 19th Ave. #911
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Bracken, John
6.3 STREET ADDRESS	6261 N.E. 19th Ave. #1102
6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308

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: *Edward J. Ryan* 4/20/98 (954) 771-7562

CP2E037 (10/97)

Georgian Court Apartments North, Inc.

Additional Officer:

D Addition
David Cummings
6263 N.E. 19th Ave. #1021
Ft. Lauderdale, FL 33308