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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90050 034 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712683

1. Corporation Name
GEORGIAN COURT APARTMENT NORTH, INC.

Principal Place of Business 6261 NE 19TH AVE #1203 FORT LAUDERDALE FL 33308 US	Mailing Address 6261 N.E. 19 AVE. #1203 FT. LAUDERDALE FL 33308 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/04/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1216082
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent RYAN, EDWARD J 6261 N.E. 19TH AVE. #1203 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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME RYAN, EDWARD J		1.2 NAME	
STREET ADDRESS 6263 NE 19TH AVE #912		1.3 STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE FL 33308		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME MCGRATH, S. JAKE		2.2 NAME	
STREET ADDRESS 6260 NE 18TH AVE #805		2.3 STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE FL 33334		2.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME WILCOX, ROBERT E.		3.2 NAME CUMMINGS, DAVID	
STREET ADDRESS 6263 NE 19TH AVE #1001		3.3 STREET ADDRESS 6263 NE 19TH AVE #1021	
CITY-ST-ZIP FORT LAUDERDALE FL 33308		3.4 CITY-ST-ZIP FORT LAUDERDALE FL 33308	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME DIXON, DANIEL		4.2 NAME	
STREET ADDRESS 6260 NE 18TH AVE #804		4.3 STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE FL 33334		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME PRINDEVILLE, MARGUERITE		5.2 NAME	
STREET ADDRESS 6263 NE 19TH AVE #911		5.3 STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE FL 33308		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME BRACKEN, JOHN		6.2 NAME	
STREET ADDRESS 6261 NE 19TH AVE #1102		6.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL 33308		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, with all other like empowered.

SIGNATURE: Edw. Ryan (NOTE: Signature Required) 1-7-99 (954) 741-7562