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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 721250

1. Corporation Name

HOLIDAY APARTMENTS, INC.

Principal Place of Business

3212 NE 7TH PLACE
 P.O. BOX 2852
 POMPANO BEACH FL 33072

Mailing Address

3212 NE 7TH PLACE
 P.O. BOX 2852
 POMPANO BEACH FL 33072



2. Principal Place of Business

21 3212 NE 7th Place

Suite, Apt. #, etc.

22 Apartment 12A

City & State

23 Pompano Beach, Florida

Zip Country

24 33062-4549 25

2a. Mailing Address

26 3212 NE 7th Place

Suite, Apt. #, etc.

27 Apartment 12A

City & State

28 Pompano Beach, Florida

Zip Country

29 33062-4549 30

3. Date Incorporated or Qualified

06/28/1971

4. FEI Number

59-1799242

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

DANAHI, SHIRLEY
 3212 N.E. 7TH PLACE
 P.O. BOX 2852
 POMPANO BEACH FL 33062

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD DELETE

NAME MOFFIT, JAMES
 STREET ADDRESS 3212 NE 7TH PLACE
 CITY-ST-ZIP POMPANO BEACH FL

TITLE PD DELETE

NAME GORDON, WAYNE
 STREET ADDRESS 3212 N.E. 7TH PLACE
 CITY-ST-ZIP POMPANO BEACH, FL 00000

TITLE D DELETE

NAME DANAHI, SHIRLEY
 STREET ADDRESS 3212 N.E. 7TH PLACE
 CITY-ST-ZIP POMPANO BEACH FL

TITLE D DELETE

NAME AIGNER, MARY ROSE
 STREET ADDRESS 3212 NE 7TH PLACE
 CITY-ST-ZIP POMPANO BEACH, FL 00000

TITLE D DELETE

NAME MUSACCHIO, FLORENCE
 STREET ADDRESS 3212 NE 7TH PLACE
 CITY-ST-ZIP POMPANO BCH FL

TITLE TD DELETE

NAME RUGGIERO, GINA
 STREET ADDRESS 3212 NE 7TH PL
 CITY-ST-ZIP POMPANO BEACH FL

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE SD Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 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)(l), 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:

(Signature)
 SIGNATURE REQUIRED

March 4, 1999 (954) 785-1687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 GINA MUSACCHIO, Treasurer

Date

Daytime Phone #

CR2E037 (11/98)