

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 735950 (8)

1. Corporation Name
SOUTHEND APARTMENTS, INC.



Principal Place of Business: 927 SO. G. STREET LAKE WORTH FL 33460
Mailing Address: 927 SO. G. STREET LAKE WORTH FL 33460

3. Date Incorporated or Qualified: 05/28/1976
3a. Date of Last Report: 01/20/1995
4. FEI Number: 59-1690661
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) details including Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: HILSKA, PAULINE H, 927 SOUTH G STREET #6, LAKE WORTH FL 33460
10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and 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 officer 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	HAARA, PERTTI	1.1 TITLE	
NAME: HAARA, PERTTI		1.2 NAME	
STREET ADDRESS: 927 SOUTH G STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP: LAKE WORTH FL		1.4 CITY-ST-ZIP	
TITLE: D	HILSKA, PAAVO	2.1 TITLE	
NAME: HILSKA, PAAVO		2.2 NAME	
STREET ADDRESS: 927 SOUTH G STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP: LAKE WORTH FL		2.4 CITY-ST-ZIP	
TITLE: STD	HILSKA, PAULINE H	3.1 TITLE	
NAME: HILSKA, PAULINE H		3.2 NAME	
STREET ADDRESS: 927 S. G ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP: LAKE WORTH FL		3.4 CITY-ST-ZIP	
TITLE: [DELETED]		4.1 TITLE	
NAME: [DELETED]		4.2 NAME	
STREET ADDRESS: [DELETED]		4.3 STREET ADDRESS	
CITY-ST-ZIP: [DELETED]		4.4 CITY-ST-ZIP	
TITLE: [DELETED]		5.1 TITLE	
NAME: [DELETED]		5.2 NAME	
STREET ADDRESS: [DELETED]		5.3 STREET ADDRESS	
CITY-ST-ZIP: [DELETED]		5.4 CITY-ST-ZIP	
TITLE: [DELETED]		6.1 TITLE	
NAME: [DELETED]		6.2 NAME	
STREET ADDRESS: [DELETED]		6.3 STREET ADDRESS	
CITY-ST-ZIP: [DELETED]		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: *Pauline H. Hilska* 11/17/96 (407) 582-7482
PAULINE H. HILSKA

CR2E037 (12/95)