PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # **K96959**

THE LITTLE ONE APARTMENTS, INC.



Secretary of State

FLORIDA DEPARTMENT OF STATE Katherine Harris

DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90146 034 ***150.00



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Principal Place of Business Mailing Address								(1 Biss elett		
1900 LIBERTY AVE. MIAMI: BEACH FL 33139 IIS 1900 LIBERTY AVE. MIAMI: BEACH FL 33139 US						DO NOT WRITE II	N THIS E	SPACE		
US US						3. Date Incorporated or Qualifed				l
						06/19/1989				1
Principal Place of Business / 2a. Mailing Address									oplied For	
1900 Liberty QUE 26						65-0140066		Not Applicable		Ĺ.
Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75	Additional	_
22 27						5. Certifcate of Status Desired	1	Fee Re	equired	
City & State City & State 23 MIAMI BEACH FIA. 28						6. Election Campaign Financing Trust Fund Contribution				
Žip	Country			8. This corporation owes the current y	year Intai	ngible				
24 3313				Personal Property Tax.		Yes	□No			
	9. Name and Address of Current I	Registered Agent		T		10. Name and Address of New Regis	stered A	gent		1
		81 Nar	ne							
EISENBERG, DIANE 10155 COLLINS AVENUE				82 Stre	et Addre	ddress (P.O. Box Number is Not Acceptable)				ĺ
									4.7	
APT 1209				83						
BALI	HARBOUR FL 33154			84 City				85 Zip (Code	ĺ
	-						FL]
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was auth	norized	I by the c	ed corpo orporation	ration submits this statement for the purp n's board of directors. I hereby accept the	ose of c appoint	hanging its iment as re	registered gistered	
SIGNATURE										l
	Signature, typed or printed name of registered agent a			Agent signat	ure required		DATE	DIPECTO	3DC IN 12	وَ ا
12.	OFFICERS AND		13.		ſ	ADDITIONS/CHANGES TO OFFICE	:KS ANL	Change	Addition	1
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NAME	EISENBERG, DIANE S			WE						È
STREET ADDRESS	10155 COLLINS AVENUE APT. 1	209	1.3 ST	REET ADDR	SS					Į
CITY-ST-ZIP	BALHARBOUR FL 33154			1.4 CITY-ST-ZIP				Change	Addition	[
TITLE	VPS	☐ DELETE	2.1 TI					☐ Change	Addition	`
NAME	EISENBERG, ED		2.2 NA							
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CITY-ST-ZIP	BALHARBOUR FL 33154			2.4 CITY-ST-ZIP				Change	<u></u>	┾╼
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NAME			3.2 N/		-					
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CITY-ST-ZIP			6.4 CI	TY-ST-ZIP		<u></u>]

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an an attachment with an address, with all other like empowered.

SIGNATURE: