

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
AND REGISTERED  
**1995**



STATE DEPARTMENT OF STATE  
ASST. SECRETARY  
CORPORATION  
TALLAHASSEE, FLORIDA

**APPROVED  
AND  
FILED**

95 MAY - 1 PM 11:12

**DOCUMENT # P94000060914 (6)**

**ALLISON APARTMENTS - 4300, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9350 S DIXIE HWY SUITE 900 MIAMI FL 33156		9350 S DIXIE HWY SUITE 900 MIAMI FL 33156		3. Date of Application Accepted: <b>08/18/1994</b> 3a. Date of Last Report:	
2	2a	4	4a	5. Corporate Status (Selected) <b>\$8.75 Additional Fee Required</b> 6. Fees (Check Applicable) <b>\$5.00 May Be Added to Fees</b> 8. Does corporation have liability for integrated tax on per se basis? Florida Statute: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21	26	4b. Florida No. <b>65-0517375</b>		Applied for <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
22	27				
23	28				
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>PUCK, ROBERT J</b> <b>9350 S. DIXIE HWY.</b> <b>SUITE 900</b> <b>MIAMI FL 33156</b>		B1	Name	
		B2	Street Address, P.O. Box or Mailing Address (Not Applicable)	
		B3		
		B4	City	
		FL	B5	Zip Code

11. The person named above as the registered agent for this corporation, in accordance with the provisions of the Florida Statutes, has duly accepted the appointment for the purpose of carrying out his registered office responsibilities and has been duly authorized by the corporation's board of directors, thereby making the appointment of registered agent valid for all purposes of the Florida Statutes.

12. OFFICERS AND DIRECTORS		13. AUTHORITY PERSONNEL	
<b>D</b> <b>BLANK, CATHY</b> <b>9350 S. DIXIE HWY., SUITE 900</b> <b>MIAMI FL 33156</b>		1. NAME 2. TITLE 3. TYPE OF AUTHORITY 4. DATE OF APPOINTMENT 5. TYPE OF AUTHORITY 6. DATE OF APPOINTMENT 7. NAME 8. TITLE 9. TYPE OF AUTHORITY 10. DATE OF APPOINTMENT 11. NAME 12. TITLE 13. TYPE OF AUTHORITY 14. DATE OF APPOINTMENT	Authority Granted: <input type="checkbox"/> Full <input type="checkbox"/> Partial Authority: <input type="checkbox"/> Agent <input type="checkbox"/> Director

14. I hereby certify that the information supplied with this filing is a true and correct copy of the information that is on file with the Secretary of State and that the information is correct and true to the best of my knowledge and belief. I am a duly authorized officer or director of the corporation and have the authority to execute this report in regard to the filing of this information.

SIGNATURE: Cathy Blank Cathy Blank, President 305-670-2277