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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #
1. Corporation Name

P94000060914 (6)

ALLISON APARTMENTS - 4300, INC.

Poncipal Place	of Business	Mailing Address							
9350 S. DIXIE SUITE 900 MIAMI FL 331		9350 S. DIXIE HWY. Suite 900 Miami Fl 33156	9350 S. DIXIE HWY. SUITE 900		3. Date incorporated or Qualifie	d B. Dot	o of Lost I	Panad	
						08/18/1994		e of Last f)5/01/1 8	
2. Principal Pia 21	ne of Business	2a. Mailing Address 26	Mailing Address			4, FEI Number Applied For			· · · · · · · · · · · · · · · · · · ·
Suite Apt. #	t, etc	Suite, Apt. #, etc.	City & State B Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032,			
Oity & State:		City & State							
Ζφ	Country	t i							
24	25 9. Name and Address of C	29	30			Florida Statutes 10. Name and Address of Nev	es No	Agont	
	g, manie and Address of C	unent negistereo Agent		31	Name	10. Name and Address of Nev	Hegistered	Agent	
PLICK B	ORFRT I		-			505			
PUCK, ROBERT J 9350 S. DIXIE HWY.			١	32	Street Add	ddress (P.O. Box Number is Not Acceptable)			
SUITE 9			ε	33					
MIAMI F	L 33156		Ε	84	City			85 2	Zip Code
44 Dine cost to	a the provisions of Spotiane 807	0602 and 602 1609 Florida Statuta	s the obou			oration submits this statement for the	FL	-11	
familiar wit SIGNATURE _	od agent, or both, in the State of n, and accept the obligations of, Symme, the dicipinal rank of each	Section 607.0505, Florida Statutes.				and of directors. I hereby accept the a	opointment as	registere	od agent. I am
12.	OF FICE R	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO C	FFICERS AND	DIRECT	ORS IN 12
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certify that oath; that I	the information indicated on this Lam an officer or director of the	annual report or supplementa: annu	ial report is empowere	true	and accur	for the exemption stated in Section 1 trate and that my signature shall have this report as required by Chapter 607	he same lega	l effect as	if made under

SIGNATURE:

Cathy Blank - President 1-29-96 305-670-2277
FICEN OR PIRECTON
Date Date Deptine Proper