

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000085066 (5)**

1. Corporation Name

APARTMENT NEWS OF AMERICA, INC.



Principal Place of Business

Mailing Address

220 EAST MADISON AVE.
SUITE 220
TAMPA FL 33611

220 EAST MADISON AVE.
SUITE 220
TAMPA FL 33611

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

3a. Date of Last Report

11/02/1995

4. FEI Number

59-3343521

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DONOVAN, TIMOTHY P
220 EAST MADISON AVE.
SUITE 220
TAMPA FL 33611

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Tim Donovan

(NOTE: Registered Agent signature required when reinstating)

2/29/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D DELETE
NAME: DONOVAN, TIMOTHY P
STREET ADDRESS: 220 EAST MADISON AVE., SUITE 220
CITY - ST - ZIP: TAMPA FL 33611

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE: D DELETE
NAME: LOPEZ, WILLIAM G
STREET ADDRESS: 220 EAST MADISON AVE., SUITE 220
CITY - ST - ZIP: TAMPA FL 33611

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

400001742654
-03/14/96--01018--006
***200.00

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Tim Donovan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96

Daytime Phone #

CR2E034 (12/95)

PR 3-13-96