## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # P96000058477 (6)

SUNSET CLUB APARTMENTS, INC.

## **FILED** Mar 09 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					I SOOMAAN SUR ILEGA ESIST OOKIN AANN AANN	EGIAL ALEAL JAIRI ÁIAIT IÁI	)(1 1001 1001
C/O EDWARD A LASHINS JR. 80 BUSHIESS PARK DR., SUITE 102 ARMONK NY 10504 US		C/O EDWARD A LASHINS. JR. 80 Business Park Dr Suite 102 Armonk Ny 10504 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
**					07/11/1996		
2. Principal P	lace of Business	2a. Mailing Address	· <b></b> -		4. FEI Number	Ar	oplied For
21		[26]			13-3900573	<del> </del>	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Fee Re	Additional equired
City & State	e	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 Added to	
Zip Country		Zip	Country		This corporation owes or has paid the current year Intangible		
24 25			30 Personal Property Tax due June 30. Yes No		] No		
9. Name and Address of Current Registered Agent				I Name	10. Name and Address of New Regit	stered Agent	
	SHINS, EDWARD A. O MANAGER'S OFFICE 「S U N S	ST CLUB ABARTMENT	- (			***************************************	
62	59 SUNSET DR	a saca Miliamete	L		dress (P.O. Box Number is Not Acceptable)	)	
S0	OUTH MIAMI FL 33143		B	3			
			84	City		85 Zip (	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statute	as, the abov	/e-named co	rporation submits this statement for the pur	nonn of changing it	s registered
I DITICE OF F	egistered agent, or both, in the State c im familiar with, and accept the oblight	it Honda. Such change was a	iuthorized b	ly the corpor	ation's board of directors. I hereby accept t	he appointment as	registered
SIGNATURE	Signature hyped in printed name of registered agent	and title than blook (NOT	Houstered Ar	nent signature reg	juired when reinstating)	DATE	<del></del>
12.	OFFICERS AND		13.	John organizatio rec	ADDITIONS/CHANGES TO OFFICER		S IN 12
TITLE	P	DELETE	1.1 TITLE			Change	Addition
NAME	LASHINS, EDWARD A.		1.2 NAME				
STREET ADDRESS	10 HAYRAKE LANE		1.3 STREE	T ADDRESS	•		
CITY-ST-ZIP	CHAPPAQUA N.		1.4 CITY-ST-ZIP				
TITLE		∐ DELETE	2 1 TITLE			Change	Addition
NAME			2.2 NAME				. '
STREET ADDRESS				T ADDRESS			
CITY+ST+ZIP TITLE	IDELETE		2 4 CITY - ST - ZIP			F105	- Addition
NAME			3 1 TITLE 32 NAME			Change	Addition
STREET ADDRESS				T ADDRESS			•
CITY-ST-ZIP			34. CITY	l l			
TITLE	· <del></del>	DELETE	4 1 1/JLE	31-211		Change	Addition
NAME			4. 2 NAME	:			
STREET AODRESS			4.3 S1REE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			Ì
CITY-ST-ZIP			5.4 CITY-	\$T-ZIP			
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			j
CITY-ST-ZIP			64 CITY-	ST-ZIP			İ

Thereby 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 supplience all annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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

3/2/98

9/4-223.5200