

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

FILED

**Jun 22 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT #, P97000048939 (7)
1. Corporation Name:
REXLEIGH APARTMENTS, INC.



Principal Place of Business: 1920 S OCEAN DRIVE SUITE 16-C HALLANDALE FL 33009
Mailing Address: 1920 S OCEAN DRIVE SUITE 16-C HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 9291 E. Bay Harbor Drive Suite, Apt. #, etc. # 4-F
22 City & State: Bay Harbor Island, FL
23 Zip: 33154
24 Country

2a. Mailing Address: 26 9291 E. Bay Harbor Drive Suite, Apt. #, etc. # 4-F
27 City & State: Bay Harbor Island, FL
28 Zip: 33154
29 Country

3. Date Incorporated or Qualified: 06/04/1997
4. FEI Number: 65-076-2269 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
PERLOW, JEFFREY M
1820 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009

10. Name and Address of New Registered Agent
81 Name: HARRY BRUDER
82 Street Address (P.O. Box Number, if any): 9291 E. BAY HARBOR DR.
83 City: BAY HARBOR ISL.
84 City: FL 85 Zip Code: 33154

11. Pursuant to the provisions of Sections 607.0602 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: *Harry Bruder - agent* DATE: 6-8-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUDER, GENIA	1.2 NAME	
STREET ADDRESS	1920 S OCEAN DRIVE, SUITE 16-C	1.3 STREET ADDRESS	9291 E. Bay Harbor Dr. # 4-F
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	Bay Harbor Island, FL 33154
TITLE	ST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUDER, BERNARD	2.2 NAME	
STREET ADDRESS	1920 S OCEAN DRIVE, SUITE 16-C	2.3 STREET ADDRESS	9291 E Bay Harbor Dr. # 4-F
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	Bay Harbor Island FL 33154
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	400902505824
STREET ADDRESS		6.3 STREET ADDRESS	-06/23/98- 01079-002
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

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 on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 3/1/98

CR2E034 (10/97)