

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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-11/16/99--01082--028
***200.00 ***200.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 9/15/99: \$350 (IF DISSOLVED, MAXIMUM AMOUNT DUE TO REINSTATE: \$700)

PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000076315
1. Corporation Name
DAVIE APARTMENTS CORPORATION

Principal Place of Business Mailing Address
C/O DAVID MORROW 3330 WEST DAVE BOULEVARD FT. LAUDERDALE FL 33312
C/O DAVID MORROW 3330 WEST DAVE BOULEVARD FT. LAUDERDALE FL 33312

2. Principal Place of Business 2a. Mailing Address
21. Suite Apt. #, etc. 22. 40 FEIT MANAGEMENT
23. City & State 24. 5769 S. UNIVERSITY DR.
25. DAVIE FL
26. ZIP 27. 33328 28. USA

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 09/13/1996
4. FEI Number 85-0898672
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May be Added to Fees
7. This corporation owes the current year Intangible Personal Property Yes No

8. Name and Address of Current Registered Agent
ROBERTS, ROBERT T ESQUIRE
50 WEST WASHITA DRIVE
SUITE 2
KEY BISCAYNE FL 33148

9. Name and Address of New Registered Agent
61. Name
62. Street Address (P.O. Box Number is Not Acceptable)
63. City

11. Pursuant to the provisions of sections 607.0602 and 607.1604, 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 607.0605, Florida Statutes.
SIGNATURE: [Signature]

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|--------|
| TITLE | D | DELETE |
| NAME | MEHR, YORAM | |
| STREET ADDRESS | 14 KARO STREET | |
| CITY-ST-ZIP | TEL-AVIV OC 67014 | |
| TITLE | D | DELETE |
| NAME | FEIT, ISRAEL | |
| STREET ADDRESS | 14 KARO STREET | |
| CITY-ST-ZIP | TEL-AVIV OC 67014 | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|--------------------|--|--------|--------|
| 11. TITLE | | Change | Accept |
| 12. NAME | | | |
| 13. STREET ADDRESS | | | |
| 14. CITY-ST-ZIP | | | |
| 15. TITLE | | Change | Accept |
| 16. NAME | | | |
| 17. STREET ADDRESS | | | |
| 18. CITY-ST-ZIP | | | |
| 19. TITLE | | Change | Accept |
| 20. NAME | | | |
| 21. STREET ADDRESS | | | |
| 22. CITY-ST-ZIP | | | |

REINSTATEMENT

[Signature]

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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, 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 changed, or on an attachment with an address.