

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY -1 PM 1:16

DOCUMENT # **S73648 (5)**  
1. Corporation Name  
**FLORIDA SHORES APARTMENTS J. & E. HAGER INC.**

Principal Place of Business Mailing Address  
**P O BOX 1502 P O BOX 1502**  
**POMPANO BEACH FL 33061-1502 POMPANO BEACH FL 33061-1502**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21	<b>525 ANTIOCH AVE</b>	26	<b>PO BOX 1502</b>	<b>08/12/1991</b>		<b>05/01/1994</b>	
22. Suite, Apt. #, etc. <b>APARTMENTS</b>		27. Suite, Apt. #, etc.		4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
23. City & State <b>FT. LAUDERDALE</b>		28. City & State <b>POMPANO BEACH</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
24. Zip <b>FL</b>	25. Country <b>33304</b>	29. Zip <b>FL</b>	30. Country <b>33061</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HAGER, EUPHROSINE 2712 SE 11TH ST POMPANO BEACH FL 33061-1502</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 607.0605, Florida Statutes.

SIGNATURE: *Jerome Hager* Director April 15, 1995  
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	11 TITLE	<b>S/T/D SECRETARY &amp; TREASURER</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAGER, JEROME</b>	12 NAME	<b>JEROME HAGER, JEROME</b>
STREET ADDRESS	<b>2712 SE 11TH</b>	13 STREET ADDRESS	<b>P.O. BOX 1502 2712 SE 11 ST</b>
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>	14 CITY - ST - ZIP	<b>POMPANO BEACH, FL 33062</b>
TITLE	<b>D</b>	21 TITLE	<b>P/D PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAGER, EUPHROSINE</b>	22 NAME	<b>HAGER, EUPHROSINE</b>
STREET ADDRESS	<b>525 ANTIOCH AVE</b>	23 STREET ADDRESS	<b>150 BOX 1502 2712 SE 11 ST</b>
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>	24 CITY - ST - ZIP	<b>POMPANO BEACH, FL 33062</b>
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(a), 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jerome Hager* SECRETARY & TREASURER 4/15/95 (305) 942-5397  
DIRECTOR (305) 565-9340