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 MAR 17 AM 10: 32

DOCUMENT # 181032 (4)

1. Corporation Name
AVONDALE APARTMENTS, INC

Principal Place of Business	Mailing Address
10170 COLLINS AVE BAL HARBOUR FL 33154	10170 COLLINS AVE BAL HARBOUR FL 33154

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/11/1954
3a. Date of Last Report: 03/31/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-0745155 ☐ 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

KIICK, FRANK
10170 COLLINS AVE,
BAL HARBOUR FL 33154

10. Name and Address of New Registered Agent

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: Frank Kiick FRANK KIICK PRES. 3-11-95.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRES. ☐ Change ☐ Addition
NAME	KIICK, FRANK	1.2 NAME	KIICK, FRANK
STREET ADDRESS	10170 COLLINS AVE	1.3 STREET ADDRESS	10170 COLLINS AVE
CITY-ST-ZIP	BAL HARBOUR FL	1.4 CITY-ST-ZIP	BAL HARBOUR FL. 33154
TITLE	SD	2.1 TITLE	SECRETARY ☒ Change ☐ Addition
NAME	ROEHM, ARTHUR	2.2 NAME	BONNEAY, PHILIP
STREET ADDRESS	10170 COLLINS AVE.	2.3 STREET ADDRESS	10170 COLLINS AVE.
CITY-ST-ZIP	BAL HARBOUR FL	2.4 CITY-ST-ZIP	BAL HARBOUR FL. 33154
TITLE	VD	3.1 TITLE	VICE PRES. ☐ Change ☐ Addition
NAME	CLEVELAND, WILLIAM R	3.2 NAME	CLEVELAND WILLIAM R
STREET ADDRESS	10170 COLLINS AVE	3.3 STREET ADDRESS	10170 COLLINS AVE.
CITY-ST-ZIP	BAL HARBOUR FL	3.4 CITY-ST-ZIP	BAL HARBOUR FL 33154.
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	DAMICO, SAMUEL J.	4.2 NAME	
STREET ADDRESS	10170 COLLINS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	TREASURER. ☒ Change ☐ Addition
NAME	ROEHM, ARTHUR	5.2 NAME	ALFONSO, JOSE T.
STREET ADDRESS	10170 COLLINS AVE	5.3 STREET ADDRESS	10170 COLLINS AVE.
CITY-ST-ZIP	BAL HARBOUR FL	5.4 CITY-ST-ZIP	BAL HARBOUR FL 33154
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Frank Kiick FRANK KIICK PRES 3/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #
864-5894.

010340 CP