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PROFIT CORPORATION **ANNUAL REPORT**

1998



Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # 181032

AVONDALE APARTMENTS, INC

FILED Mar 06 1998 8:00am Secretary of State



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· .	ce of Business	Mailing Address		
10170 COLU	.INS AVE OUR FL 33154	10170 COLLINS AVE BAL HARBOUR FL 331	SA	
DAL IMIDE	701112 00104	OAL TWINDOON TE OUT		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				10/11/1954
	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-0745155 Not Applicable
Suite, Ap	t. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22		27		Fee Required
City & Sta	310	City & State		6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	28 	Country	Trust Fund Contribution Added to Fees
	F^-3	F = "]	<u> </u>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Curre	29 ant Registered Agent	[30]	10. Name and Address of New Registered Agent
K	IICK, FRANK		81 N	ame
	0170 COLLINS AVE,			
	AL HARBOUR FL 33154		82 St	reet Address (P.O. Box Number is Not Acceptable)
ь	AL HANDOON FE 33134		83	
			84 Ci	ty F1 85 Zip Code
44 Oursunn	to the previous of Cost and 607.00	03 and 607 1409 Florida Stat	hutan the above no	
office or	registered agent, or both, in the Stat	le of Florida. Such change wa	s authorized by the	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
nant 1		gations of Section 607.0505.	Florida Statutor	
. agent. i	am lamiliar with, and accept the obil	<u></u>	Florida Statolos.	
SIGNATURE				
SIGNATURE	Signature, typed or printed name of registered a	gent and jule of epolarable (N	OTE: Registered Agent sig	nature required when reinstating) DATE
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (N ND DIRECTORS	KOTE: Registered Agent sig	nature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or penind name of registered a OFFICERS AF	gent and jule of epolarable (N	OTE: Registered Agent sig	nature required when reinstating) DATE
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS AF	gent and title if applicable (N ND DIRECTORS	KOTE - Registated Agent ag 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
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true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a appowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in