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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 19326

(7)

Mailing Address

D & J APARTMENTS, INC.

Principal Place of Business

FILED	
May 16 1997 8:00an	n
Secretary of State	



4875 PONCE DE LEON BLVD SUITE 302 CORAL GABLES FL 33146		4675 PONCE DE LEON BLVD SUITE 302 CORAL GABLES FL 33148-2113					
					3. Date Incorporated or Qualified 05/19/1956	3a. Date of Last Re 04/30/1996	eporl
· ·	lace of Business	2a. Mailing Addres	5		4. f El Number	Ap	plied For
21		26			59-0866560		ot Applicable
Suite, Apt.		Suite, Apt. #, et	С.		5. Certificate of Status Desired	S8.75 A	
City & State	0	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip 24	Country 25	Zip [29]	30 Gou	ıntry	8. This corporation has liability for in Florida Statutes	ntangible tax under s. Yes 💢 No	199.032,
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Reg	istered Agent	
	NINGS, MILTON S	. HTT 444		B1 Name			
	5 PONCE DE LEON BLVD., S RAL GABLES FL 33146	UIIE 302		82 Street Add	ress (P.O. Box Number is Not Acceptable	e)	
				83			
[84 City		FL 85 Zip 0	Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607, egistered agent, or both, in the S im familiar with, and accept the o	0502 and 607.1508, Florida tale of Horida. Such chango bligations of, Section 607.05	Statutes, the all was authorize 05, Florida Stat	bove-named corp d by the corpora tutes.	poration submits this statement for the pution's board of directors. I heroby accep	irpose of changing it the appointment as	s registered registered
SIGNATURE							
12.	Signature, typod or printed name of registere	d agent and tile if applicable AND DIRECTORS	(NOTE: Registere	d Agent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDG AND DIDECTOR	C 1AL 2C
TITLE	PD	DELF			ADDITIONS/CHANGES TO OTHE	Change	Addition
NAME	JENNINGS, MILTON S	_	1,2 N	AME			
STREET ADDRESS	4875 PONCE DE LEON BL'	VD., SUITE 302	1,3 \$	TREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33148		1.4 0	11Y-S1-7IP			
TITLE	STD	DELE	1E 2111	ITLE		Change	Additio
NAME	ECKROADE, CAROLYN E		2 2 N	AME			
STREET ADORESS	4675 PONCE DE LEON BL	VD., SUITE 302	23.5	TREET ADDRESS			
CITY+ST-ZIP	CORAL GABLES FL 33146	,		THEE I MUDICOS			
TITLE "			2,40	CITY-ST-ZIP			
TITLE		☐ DELE	2,40	DITY-ST-ZIP		Change	Addition
NAME			2, 4 C 1E 3.1 TI 3.2 N	OTTY-ST-ZIP OTLE AME		Change	Addition
NAME STREET ADDRESS			2, 4 C 3.1 TI 3.2 NA 3.3 S	CITY-ST-ZIP ITLE AME TREET ADDRESS		Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		□ DELE	2, 4 C 3.1 TI 3.2 No 3.3 S 3.4 C TE 41 TI 4.2 No	DITY-S1-ZIP ITLE AME TREET ADDRESS DITY-S1-ZIP ITLE VAME			Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		□ DELE	2 4 C 3.1 TI 3.2 No 3.3 S 3.4 C 1E 4.1 II 4.2 No 4.3 S	DITY-S1-ZIP ITLE AME TREET ADDRESS DITY-S1-ZIP ITLE VAME TREET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		□ DELE	2 4 C 3.1 TI 3.2 N/ 3.3 S 3.4 C 1E 41 TI 4.2 N 4.3 S' 4.4 GI	DITY-S1-ZIP ITLE AME TREET ADDRESS DITY-S1-ZIP ITLE VAME TREET ADORESS DY-S1-ZIP			
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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