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Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 208523 (1)
1. Corporation Name
BELVEDERE APARTMENTS OF CLEARWATER INC



Principal Place of Business Mailing Address
C/O WANKE PROPERTY MANAGEMENT
2155 NE COACHMAN ROAD
CLEARWATER FL 34625
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/26/1957	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0864992	
24 33765		25 Country		5. Certificate of Status Desired	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WANKE PROPERTY MANAGEMENT 2155 NE COACHMEN ROAD CLEARWATER FL 34625 33765		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	
		33765	

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 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	NAME	1.1 TITLE	1.2 NAME
4P	ZWERS, KATHY	TD	HELLER, HUBERT
STREET ADDRESS	800 N. OSCEOLA AVE., #8D	1.3 STREET ADDRESS	300 N. OSCEOLA AV. # 2C
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	CLEARWATER FL
TITLE	NAME	2.1 TITLE	2.2 NAME
6D	WHITTELETON, JOANN		
STREET ADDRESS	800 N. OSCEOLA AVE 2B	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
D	ZDJELAR, MLADEN		
STREET ADDRESS	300 N OSCEOLA AVE 3C	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 00000	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
PD	DOBIN, BART		
STREET ADDRESS	300 NORTH OSCEOLA AVENUE 6-C	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
SD	PEENS, LOUIS ANKE		
STREET ADDRESS	300 N OSCEOLA AVE 2C	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
VPD	DEPOOLE, ANN		
STREET ADDRESS	300 N. OSCEOLA AVE., #7E	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: X 4-9-98 X 813-4421226

CR2E034 (10/97)