FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(6)

Principat Plac	MEHICAN APARIMENTS IN the of Business I/E N I/RQ FL 33701	Mail 145	ing Address 10TH AVE N PETERSBURG FL 33	701	<u>-</u> -	<u></u>		DO NOT WRIT 3. Date Incorporated or Qualified	E IN THIS		
2 Principal F	Place of Business	2a N	Mailing Address					04/08/1958 4. FEI Number			oplied For
21 Sal			26 By Same					59-0936194		- + -	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.								Additional
22			27					5. Certificate of Status Desired		Fee Ro	equired
City & State			City & State					6. Election Campaign Financing		\$5.00	May Be
23			26				Trust Fund Contribution		Added	to Fees	
	Zip Country Salue Salue		7 05000		untry	ntry Saille		8. This corporation owes or has p		_ · -	_ `
24 Sal	g. Name and Address of Curre	29		30	<u>۵</u>	,		Personal Property Tax due Jun			_] No
		iit negisto	Ted Agent		81	Name	10. Name and Address of New Registered Agent				
	RAY, MARY R.				82		91	Same			
	5 10TH AVENUE NORTH					Street	Addres	ddress (P.O. Box Number is Not Acceptable)			
51	. PETERSBURG FL 33701				83						···-
					84	City	Sall	ıe	FL	85 Zip (Code
11, Pursuant	to the provisions of Sections 607.050	02 and 607	.1508, Florida Statu	ites, the a	above	-named	corpora	ation submits this statement for the	purpose o	of changing it	s registered
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida	. Such change was Section 607 0505. F	authorize Jorida Sta	ed by	the corp	poration	is board of directors. I hereby acce	pt the ap	pointment as	registered
•	are described only	janono oi, t	1,0000,100	iorida die	acatoc						
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if a	applicable (NO	TE. Register	ed Age	nt signature	required	when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECT		13.	·			ADDITIONS/CHANGES TO OFFI	CERS AN		RS IN 12
TITLE	P		☐ DELETE	1.1 1	TITLE					☐ Change	☐ Addition
NAME .	MALONEY, FRANK			1.21	NAME						
STREET ADDRESS	145 10TH AVE NORTH			1.3 9	STREET	ADDRESS		Sallie			
CITY-ST-ZIP	\$T PETERSBURG FL					T-ZIP				·	·,
TITLE	V	<u> </u>			TITLE						Addition
NAME	WILKINSON, RICHARD		2.2 N				M	V _{Mary R} . Gray 145 10th Ave N			
STREET ADDRESS	145 10TH AVENUE NORTH					ADDRESS			🗓	C 7 73.	
CITY-ST-ZIP	ST PETERSBURG FL		De ere		CITY-S	T-ZIP	S	t petersourg, F.	<u> </u>		- dresters
TITLE	-			TITLE		v			Change	L_XA@dQon	
NAME	GRAY, MARY R			•	NAME			pert Marzoli			
STREET ADDRESS	145 10TH AVENUE NORTH			1		ADDRESS	<u></u>	45 LUth Ave No	st pe	tersb	urs Fi
CITY-ST-ZIP TITLE				CITY-S	1 - ZIF		5701		X Khange	Addition	
NAME	BENT, DONNA		_ 500016		NAME		S	Richard Wilkins	30M	-Y Y.m.A.	المستولية بي
STREET ADDRESS	145 10TH AVENUE NORTH					ADDRESS		145 loth Ave 1	(i)		
CITY-ST-ZIP			CITY-SI			st Petersburg	, F±	3370.	τ		
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NAME				IAME		ا ا	ym Same		•		
STREET ADDRESS	145 10TH AVENUE NORTH					ADDRESS		Same			
CITY-ST-ZIP	ST PETERSBURG FL				CITY-ST	,					
TITLE	3 = . = . = . = . = . = . = . = . =		DELETE	6.1 T						Change	Addition
NAME	,			6.21	IAME						
STREET ADDRESS				6.3 8	TREET	ADDRESS					
CITY-ST-ZIP					HTY-SI						l

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.

FILED

Apr 01 1998 8:00am

Secretary of State