

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 260051 (8)  
1. Corporation Name  
**ESQUIRE APARTMENTS, INC.**



Principal Place of Business: 3525 POLK ST APT 4 HOLLYWOOD FL 33021  
Mailing Address: 3525 POLK ST APT 4 HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: 06/18/1962  
3a. Date of Last Report: 03/02/1995  
4. FEI Number: 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

2. Principal Place of Business: 21 3525 POLK ST. Suite, Apt. #, etc: 22 APT. # 11 City & State: 23 HLWD, FLA. Zip: 24 33021 Country: 25 U.S.A.  
2a. Mailing Address: 26 3525 POLK ST. Suite, Apt. #, etc: 27 APT # 11 City & State: 28 HLWD, FLA. Zip: 29 33021 Country: 30 U.S.A.

9. Name and Address of Current Registered Agent: SADLER, CICELY 3525 POLK ST. APT. #4 HOLLYWOOD FL 33021  
10. Name and Address of New Registered Agent: 81 Name: GIANCARLO COCUZZO 82 Street Address (P.O. Box Number is Not Acceptable): 5624 HOLLYWOOD BLVD. 83 84 City: HLWD FL 85 Zip Code: 33021

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Giancarlo Cocuzzo* GIANCARLO COCUZZO (SECRETARY - TREASURY) 4-29-96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VP	<input type="checkbox"/> DELETE	1. TITLE: VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MURPHY, JOHN		2. NAME: JEAN PAYNE	
STREET ADDRESS: 3525 POLK STREET, APT 16		3. STREET ADDRESS: 3525 POLK ST. APT. #1	
CITY-ST-ZIP: HOLLYWOOD FL		4. CITY-ST-ZIP: HLWD, FLA. 33021	
TITLE: P	<input type="checkbox"/> DELETE	2. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: COUSINEAU, JERRY		2. NAME:	
STREET ADDRESS: 3525 POLK STREET, #10		2.3 STREET ADDRESS:	
CITY-ST-ZIP: HOLLYWOOD FL		2.4 CITY-ST-ZIP:	
TITLE: T	<input type="checkbox"/> DELETE	3.1 TITLE: T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SADLER, CICELY		3.2 NAME: GIANCARLO COCUZZO	
STREET ADDRESS: 3525 POLK ST. APT. #4		3.3 STREET ADDRESS: 5624 HLWD BLVD	
CITY-ST-ZIP: HOLLYWOOD FL		3.4 CITY-ST-ZIP: HLWD, FLA. 33021	
TITLE: S	<input type="checkbox"/> DELETE	4.1 TITLE: S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SADLER, CICELY		4.2 NAME: GIANCARLO COCUZZO	
STREET ADDRESS: 3525 POLK ST. #4		4.3 STREET ADDRESS: 5624 HLWD, BLVD.	
CITY-ST-ZIP: HOLLYWOOD FL		4.4 CITY-ST-ZIP: HLWD, FLA. 33021	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ANASTASAKIS, ANASTASIA		5.2 NAME:	
STREET ADDRESS: 3525 POLK STREET, #17		5.3 STREET ADDRESS:	
CITY-ST-ZIP: HOLLYWOOD FL		5.4 CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ALBANASE, ROSE		6.2 NAME:	
STREET ADDRESS: 3525 POLK ST. APT. #8		6.3 STREET ADDRESS:	
CITY-ST-ZIP: HOLLYWOOD FL		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)(k), 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 in an attachment with an address.

SIGNATURE: *Giancarlo Cocuzzo* SEC. - TREAS. 4-29-96 954-963-6987  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE CUSTOMER PHONE #

CR2E034 (12/95)