

SECOND NOTICE - CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 97 SEP -3 AM 1:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 260051 (8)

1. Corporation Name
ESQUIRE APARTMENTS, INC.



Principal Place of Business 3525 POLK ST APT 11 HOLLYWOOD FL 33021 US	Mailing Address 3525 POLK ST APT 11 HOLLYWOOD FL 33021 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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3. Date Incorporated or Qualified 06/18/1962	3a. Date of Last Report 05/01/1996
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent

COCUZZO, GIANCARIO
5624 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	000002284950--9
83	-09704797--01085--010
84 City	FL 85 Zip Code

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **TREASURER** **8-10-97**

Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	PAYNE, JEAN	
STREET ADDRESS	3525 POLK ST APT 1	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	COUSINEAU, JERRY	
STREET ADDRESS	3525 POLK STREET, #10	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COCUZZO, GIANCARLO	
STREET ADDRESS	5624 HOLLYWOOD BLVD.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COCUZZO, GIANCARLO	
STREET ADDRESS	5624 HOLLYWOOD BLVD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANASTASAKIS, ANASTASIA	
STREET ADDRESS	3525 POLK STREET, #17	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALBANASE, ROSE	
STREET ADDRESS	3525 POLK ST. APT. #8	
CITY-ST-ZIP	HOLLYWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JEAN PAYNE	
1.3 STREET ADDRESS	3525 POLK ST APT 1	
1.4 CITY-ST-ZIP	HLWD. FLA	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT REGER	
2.3 STREET ADDRESS	3525 POLK ST. APT. #8	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SAME	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **TREASURER** **8-10-97** **06/18/1962**

CR2E034 (4/97)

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FROM: ESQUIRE APTS. INC. 8-10-97

TO WHOM IT MAY CONCERN, REGARDING THE LETTER #897A00034979 I LIKE TO EXPLAIN THE REASON FOR SENDING A PAYMENT OF \$165.00.

ON THE MONTH OF MARCH I FOUND OUT WE DIDNT HAVE AN ANNUAL REPORT FORM TO SEND IN WITH THE PAYMENT (WE DIDNT GET ONE), I CALLED TO REQUEST ONE & SPOKE TO MRS JONES OR JOHNSON, REQUESTED THE FORMS & FOR THE SECOND TIME WE DIDNT GET ANY. AT AROUND JUNE MY ACCOUNTANT REMINDS ME THAT THE REPORT WASNT PAID FOR THE YEAR & I CALLED AGAIN & SPOKE TO MR. A. JUNGLEP WHO SENDS ME THE FORMS & SAID THAT IN CASES LIKE THIS ONE THEY WOULD WAIVE THE LATE FEES BUT I DIDNT KNOW ~~IT~~ HAD TO WRITE A LETTER EXPLAINING, SO I JUST SEND THE PAYMENT EXPECTING HE WILL HAVE SOME INFORMATION IN THE COMPUTER STATING MY PROBLEM.

I HOPE YOU UNDERSTAND OUR SITUATION SINCE WE NEVER HAD PAID LATE BEFORE & BE ABLE TO WORK THIS OUT.

I'LL INCLUDE YOUR LETTERS, THE REPORT & THE ORIGINAL CHECK FOR PAYMENT & RECEIPTS

THANK YOU

J. Jones
TREASUROR