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**Feb 11 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 # 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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3525 Polk St		26 3525 Polk St		06/18/1962	
22 Apt 4		27 Apt 4		4. FEI Number	
City & State		City & State		NOT APPLICABLE	
23 Hollywood, FL 33021		28 Hollywood, FL 33021		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 US		30 US		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COCUZZO, GIANCARLO 5624 HOLLYWOOD BLVD. HOLLYWOOD FL 33021				81 Name Bernice Eagle			
				82 Street Address (P.O. Box Number is Not Acceptable) 3525 Polk St			
				83 Apt 4			
				84 City Hollywood, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Bernice Eagle* **Bernice Eagle** February 6, 98

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	P	<input type="checkbox"/> DELETE	1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PAYNE, JEAN		1.2 NAME	BERNICE EAGLE			
STREET ADDRESS	3525 POLK ST APT 1		1.3 STREET ADDRESS	3525 Polk St Apt 4			
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021			
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	REGER, ROBERT		2.2 NAME	BERNICE EAGLE			
STREET ADDRESS	3525 POLK STREET, #8		2.3 STREET ADDRESS	3525 Polk St Apt 4			
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021			
TITLE	X Vice president	<input type="checkbox"/> DELETE	3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COCUZZO, GIANCARLO		3.2 NAME				
STREET ADDRESS	5624 HOLLYWOOD BLVD.		3.3 STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		3.4 CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	COCUZZO, GIANCARLO		4.2 NAME	JOHN MURPHY			
STREET ADDRESS	5624 HOLLYWOOD BLVD		4.3 STREET ADDRESS	3525 Polk St Apt 16			
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ANASTASAKIS, ANASTASIA		5.2 NAME	JOSE H. RESTREPO			
STREET ADDRESS	3525 POLK STREET, #17		5.3 STREET ADDRESS	3525 Polk Apt 6			
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME	500002429615			
STREET ADDRESS			6.3 STREET ADDRESS	-02/13/98--01006--024			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00			

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: *Bernice Eagle* **Bernice Eagle, Sec/yTreas** 1998

954-893-7304

CR2E034 (10/97)