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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 260051 (8)

ESQUIRE APARTMENTS, INC.

FILED Feb 11 1998 8:00am Secretary of State

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	e of Business	Mailing Address						
3525 POLK 8		3525 POLK ST						
APT 11 HOLLYWOOD FL 33021 US		APT 11 HOLLYWOOD FL 33021		DO N	DO NOT WRITE IN THIS SPACE			
		US		3. Date Incorporated or 0 06/18/1962	Jualified			
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		Apr	olied For	
3525	Polk St	26 3525 Pol	k St	NOT APPLICA	BLE	——————————————————————————————————————	Applicable	
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status De	<u></u>	\$8.75 A		
City & Stat		City & State		6. Election Campaign Fir	ancino	\$5.00		
olyy	wood, FL33021	Hollywood	, FL 330	21 Trust Fund Contributio	~ ~	Added to		
Zip	Country	Zip	Country	8. This corporation owes				
24	25 US	29	o US	Personal Property Tax			No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of	f New Registered A	gent		
CC	OCUZZO, GIANCARIO		[81] Name	Bernice Eagle				
	24 HOLLYWOOD BLVD.		82 Stree	Address (P.O. Box Number is Not	Acceptable)			
HC	DLLYWOOD FL 33021			3525 Polk St				
	•		83					
			84 City	Apt 4		las l Zin C	oda -	
	•		City	Hollywood,	FL	85 <i>3</i> 138	21	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-name	corporation submits this statemen	t for the purpose of c	hanging its	registered	
office or r	egistered agent, or both, in the State of im lamiter with, and accept the obligat	of Florida, Such change was autons of Section 607,0505. Flori	thorized by the co	rporation's board of directors. I here	eby accept the appoi	ntment as r	egistered	
	and the same of th			-	17 - 1.	ruary	6.98	
-	1214 miles	RA:	rnica Fo	0 I A	H P P			
SIGNATURE	Signature, typed or printed name of registered agent		rnice Ea		rep	Luci		
-	Signature, typed or printed name of registery agent	and title if applicable (NOTE: I		g L e required when reinstating) ADDITIONS/CHANGES	DATE			
SIGNATURE		and title if applicable (NOTE: I	Registered Agent signatu	e required when rainstating)	DATE TO OFFICERS AND [DIRECTORS	IN 12	
SIGNATURE 12. TITLE		i and title if applicable (NOTE: I DIRECTORS	Registered Agent signatu	e required when rainstating)	DATE TO OFFICERS AND [IN 12	
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Block 12 or Block 13 if changed, or on an attachment with an address.

954-893-7304