

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90058 038 ***150.00

DOCUMENT # 295089

1. Corporation Name

FOURTH AVENUE APTS., INC.

Principal Place of Business

1747 4TH AVE NO
LAKE WORTH FL 33460

Mailing Address

1747 4TH AVE NO
LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1965

4. FEI Number

59-1211966

Applied For

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1747 4th Ave N.

Suite, Apt. #, etc.

22 Apt. # 6

City & State

23 Lake Worth FL

Zip

24 33460

Country

25 USA

2a. Mailing Address

26 1747 4th Ave N.

Suite, Apt. #, etc.

27 Apt. # 6

City & State

28 Lake Worth FL

Zip

29 33460

Country

30 USA

9. Name and Address of Current Registered Agent

KOSKINEN, HELMI
1747 4TH AVE N APT 6
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name

Seppo Vilkkila

82 Street Address (P.O. Box Number is Not Acceptable)

1747 4th Ave N. Apt. #6

83

84 City

Lake Worth

85 Zip Code

FL 33460

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

Seppo Vilkkila

President

DATE

4/13-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	KOSKINEN, HELMI	
STREET ADDRESS	1747 4TH AVE N APT 6	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VILKKILA, SEPPO	
STREET ADDRESS	1747 4TH AVE. N APT 3	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LEHTONEN, TOINI	
STREET ADDRESS	1747 4TH AVE N APT 2	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Seppo Vilkkila	
1.3 STREET ADDRESS	1747 4th Ave N. Apt. #6	
1.4 CITY-ST-ZIP	Lake Worth, FL 33460	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Leo Nevala	
2.3 STREET ADDRESS	1747 4th Ave N. Apt. #1	
2.4 CITY-ST-ZIP	Lake Worth, FL 33460	
3.1 TITLE	Sec. Treasure	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Anja Vilkkila	
3.3 STREET ADDRESS	1747 4th Ave N. Apt. #6	
3.4 CITY-ST-ZIP	Lake Worth, FL 33460	
4.1 TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Katri Rajaniemi	
4.3 STREET ADDRESS	1747 4th Ave N. Apt. #2	
4.4 CITY-ST-ZIP	Lake Worth, FL 33460	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
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 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, with all other like empowered.

SIGNATURE:

Seppo Vilkkila

4/13-99

Date

(561)

586-8968

Daytime Phone #

CR2E034 (11/98)

0352811