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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

11 00,000	MENT # 345681 TIC APARTMENTS, INC.	(1)		1 ARBERT HEND BY	1
Principal Plac	e of Business	Mailing Address			
· ·		·			
90 N.E. 19TH AVE. DEERFIELD BEACH FL 33441		90 NE 19TH AVE. DEERFIELD BEACH FL	33447		
		US		DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified	
2 Principal C	Place of Business	2a. Mailing Address		<b>05/06/1969 4.</b> FEI Number	T A Visit Fa-
21	Tace of Business	26. Ivialility Address			Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		59-1385628	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	[29]	30	Personal Property Tax due Juno 30.  10. Name and Address of New Registere.	Yes No
	9. Name and Address of Current	Hadistelan Wallt	81 Name	10, Name and Address of New Registere	u Agent
	ELER, GEORGE P				
90 NE 19TH AVE., 2			82 Street Add	iress (P.O. Box Number is Not Acceptable)	
j DE	ERFIELD BEACH FL 33441		83		
1					
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the above-named cor-		
office or r	registered agent, or both, in the State of im familiar with and accept the obline	of Florida. Such change was tions of Section 607,0505. F	authorized by the corpora lorida Statutes	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	1000	100	GEORGE	KECLER 1171	48
SIGNATURE.			TE Progistered Agent signature requ	ired whore reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AT	
TITLE	VP	☐ DELETE	1.1 TITLE		Change Addition
NAME	KOSLAGO, MARK		1.2 NAML		
STREET ADDRESS	90 NE 19 AVENUE #11		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DEERFIELD BCH FL	DELETE	1.4 CITY - S1 - ZIP 2.1 TITLE		Change Addition
} ···-	AT Move etuer		2.2 NAME		C claride C Auditor
NAME STREET ADDRESS	Wike, ethel 90 Ne. 19th Ave., 6		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		2.4 CITY-ST-ZIP	•	
THILF	P	DELETE	3.1 TITLE		Change Addition
NAME	KEELER, GEORGE		3.2 NAME		. —
STREET ADDRESS	90 NE 19 AVENUE #2		3.3 STHEET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH, FL 00000		3.4. CITY - S1 - ZIP		
titut	ST	☐ DELETE	4.1 TITLE		Change Addition
NAME	MAURER, PAUL		4. 2 NAME		
STREET ADDRESS	90 NE 19 AVE #11		4.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH, FL 00000		4.4 C(TY-ST-7)P		
TITLE	AS	☐ DELETE	51 TITLE		Change Addition
NAME	RENKIEWICZ, A. T. REV		52 NAME		
STREET ADDRESS	90 NE 19TH AVE #3		5.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD FL	· · · · · · · · · · · · · · · · · · ·	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Theroby cortify 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 suppliemental annual report is true and accurate and that my signature shall have the same logal 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 changes, or on an attachmost with an address.

13607723

**FILED** 

Jan 20 1998 8:00am

Secretary of State