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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 373889 (5)

1. Corporation Name
SORKIN'S WINDSOR APARTMENTS, INC.

Principal Place of Business: **7400 S.W. 40TH STREET MIAMI FL 33155**

Mailing Address: **7400 S.W. 40TH STREET MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/10/1970**

3a. Date of Last Report: **04/15/1994**

4. FEI Number: **59-1309478**

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 has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

24. Country

25. Zip

29. Country

30. Zip

9. Name and Address of Current Registered Agent

**SORKIN, REUBEN
4721 UNIVERSITY DR.
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SORKIN, REUBEN
STREET ADDRESS	4721 UNIVERSITY DR.
CITY - ST - ZIP	CORAL GABLES FL
TITLE	STD
NAME	SORKIN, SELMA
STREET ADDRESS	4721 UNIVERSITY DR.
CITY - ST - ZIP	CORAL GABLES FL
TITLE	V
NAME	SORKIN, LAWRENCE
STREET ADDRESS	RT. 5, BOX 308
CITY - ST - ZIP	TAYLORSVILLE, NC.
TITLE	V
NAME	SORKIN, STEVE
STREET ADDRESS	1500 LINDALL DR.
CITY - ST - ZIP	BETHESDA MD
TITLE	V
NAME	LOSSEN, JUDITH
STREET ADDRESS	205 BARCLAY GRACE
CITY - ST - ZIP	ONELETAH PA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SORKIN, STEVE
4.3 STREET ADDRESS	11800 FARMLAND DRIVE
4.4 CITY - ST - ZIP	ROCKVILLE MD 20852
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LOSSEN, JUDITH
5.3 STREET ADDRESS	210 W. RITZHOUSE SQUARE #2507
5.4 CITY - ST - ZIP	PHILADELPHIA PA 19103
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Reuben Sorkin* **7/15/95** **704/532-0750**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR