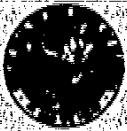


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # 373889**

**(5)**

1. Corporation Name

**SORKIN'S WINDSOR APARTMENTS, INC.**

Principal Place of Business

740 S.W. 4TH STREET  
MIAMI FL 33135

Mailing Address

740 S.W. 4TH STREET  
MIAMI FL 33135

**05 APR 19 PM 11:35**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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

4. FEI Number  
**59-1300478**

4a. 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

7. The corporation has liability for intangible tax under §. 199.032, Florida Statutes  
 Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

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

83

84 City

**FL**

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

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	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SORKIN, REUBEN</b>	1.2 NAME	
STREET ADDRESS	<b>4721 UNIVERSITY DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SORKIN, SELMA</b>	2.2 NAME	
STREET ADDRESS	<b>4721 UNIVERSITY DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SORKIN, LAWRENCE</b>	3.2 NAME	
STREET ADDRESS	<b>RT. 5, BOX 308</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAYLORSVILLE, NC.</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SORKIN, STEVE</b>	4.2 NAME	
STREET ADDRESS	<b>1500 LINDA DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BETHESDA MD</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOSSEN, JUDITH</b>	5.2 NAME	
STREET ADDRESS	<b>200 BARCLAY CIRCLE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ONELENTON PA</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Statute. 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 Statute; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Sorkin, Reuben* 7/15/95 704-532-0750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date  
Daytime Phone #