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**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name 373889

(5)

SORKIN'S WINDSOR APARTMENTS, INC.								
Principal Piace c	of Business	Maling Address						
7460 S.W. 481 MIAMI FL 331		7460 S.W. 48TH STI MIAMI FL 33155	REET					
					<ol> <li>Date Incorporated or Qualified</li> <li>12/10/1970</li> </ol>		of Last Rep 1/19/199	
Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		<b>├</b>	oplied For
]		[26]			59-1309478			ot Applicable
Suite, Apt. #.	, etc	Suite, Apt. #, etc.			<ol><li>Certificate of Status Desired</li></ol>			Additional equired
l		27			6. Election Campaign Financing			May Be
City & State		City & State			Trust Fund Contribution			to Fees
Zin	Country	Zi0	Country		8. This corporation has liability for	intangible ta	x under s 1	199.032,
Zip	25	29	30		Florida Statutes X Yes	☐ No		· · · · · · · · · · · · · · · · · · ·
1	9. Name and Address of Curren				10. Name and Address of New R	legistered /	Agent	
			81	Name				
SORKIN.	REUBEN		82	Street Add	lress (P.O. Box Number is Not Acceptab	ole)		
4721 UNIVERSITY DR.			<u> </u>					
CORAL	GABLES FL 33146		83					
			84	City			85 Zip	Code
					oration submits this statement for the pured of directors. Thereby, accept the and	FL		aistared office
SIGNATURE	Signature, travet or peroxist a les et treatient de test OFFICERS AN	DIFFECTORS	(Note: Regional : A):  13.	et Grup at de fee de	ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTOR	RS IN 12
TITLE	PD ·						T Change	[ Addition
IAME	10	DELETE	1 1 HILE		A		☐ Change	Addition
	SORKIN, REUBEN	[ [3£_£ 1£	1.2 NAME				☐ Change	Addition
STREET ADDRESS	SORKIN, REUBEN 4721 UNIVERSITY DR.	[_] DELETE	1.2 NAME 1.3 STREE	T ADDRESS			☐ Change	Addition
	SORKIN, REUBEN 4721 UNIVERSITY DR. CORAL GABLES FL		12 NAME 13 STHEE 14 C(1)	T ADDRESS ST-ZIF				
OFTY - ST - Z-P	SORKIN, REUBEN 4721 UNIVERSITY DR. CORAL GABLES FL STD	☐ DETEIF	12 NAME 13 STREE 14 CID 2 1 TILLE	T ADDRESS ST-ZIF			Change	Addition  Addition
DITY - ST - Z-P TITLE NAME	SORKIN, REUBEN 4721 UNIVERSITY DR. CORAL GABLES FL STD SORKIN, SELMA		12 NAME 13 STREE 14 CID 2 1 BILE 22 NAME	T ADDRESS ST-ZIF				
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CHY-ST-ZIP  TIFLE  NAME  STREET ADDRESS  CHY-ST-ZIP  TIFLE  NAME	SORKIN, REUBEN 4721 UNIVERSITY DR. CORAL GABLES FL STD SORKIN, SELMA 4721 UNIVERSITY DR. CORAL GABLES FL V SORKIN, LAWRENCE	☐ DELEIE	1 2 NAME 1 3 STHEE 1 4 C(1) 2 1 THE 2 2 NAME 2 3 STHEE 2 4 C(1) 3 1 THE 3 2 NAME	T ADDRESS SU-ZIE T ADDRESS SU-ZIE		]	Change	☐ Addition
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14. I do hereby certify that the information supplied with this fileg is voluntarily furnished and close not quality for the exemption stated in Section 119.07(3)(k). Horizon Statutes, Turner certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under carty, that I am an officer or director of the corporation or true accever 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 all fainfaint with an address. SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

5320750