

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

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # 373889 (5)**  
 1. Corporation Name  
**SORKIN'S WINDSOR APARTMENTS, INC.**



Principal Place of Business: **7460 S.W. 48TH STREET MIAMI FL 33155**  
 Mailing Address: **7460 S.W. 48TH STREET MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	<b>5821 Reddman Rd</b>	<b>12/10/1970</b>	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	
				<b>59-1309478</b>	
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
		<b>Charlotte, NC</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip		29. Zip		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country		30. Country			
		<b>USA</b>			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SORKIN, REUBEN 4721 UNIVERSITY DR. CORAL GABLES FL 33146</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			
				<b>FL</b>			

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>	<input type="checkbox"/> DELETE		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>	<input type="checkbox"/> DELETE		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>	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SORKIN, LAWRENCE</b>			3.2 NAME			
STREET ADDRESS	<b>RT. 5, BOX 306</b>			3.3 STREET ADDRESS	<b>5821 Reddman Rd</b>		
CITY-ST-ZIP	<b>TAYLORSVILLE, NC.</b>			3.4 CITY-ST-ZIP	<b>CHARLOTTE NC 28212</b>		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SORKIN, STEVE</b>			4.2 NAME			
STREET ADDRESS	<b>11800 FARMLAND DRIVE</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ROCKVILLE MD</b>			4.4 CITY-ST-ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LOS BEN, JUDITH</b>			5.2 NAME			
STREET ADDRESS	<b>210 W. RITTENHOUSE SQUARE #2507</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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 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

SIGNATURE: \_\_\_\_\_

CR2E034 (10/97)