

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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90085 048 ***150.00

DOCUMENT # 373889
 1. Corporation Name
SORKIN'S WINDSOR APARTMENTS, INC.



Principal Place of Business 7460 S.W. 48TH STREET MIAMI FL 33155	Mailing Address 5821 REDDMAN RD CHARLOTTE NC 28212 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/10/1970	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt #, etc	27 City & State	4. FEI Number 59-1309478	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SORKIN, REUBEN 4721 UNIVERSITY DR. CORAL GABLES FL 33146				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

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: Registration Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORKIN, REUBEN	12 NAME	
STREET ADDRESS	4721 UNIVERSITY DR.	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORKIN, SELMA	22 NAME	
STREET ADDRESS	4721 UNIVERSITY DR.	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORKIN, LAWRENCE	32 NAME	
STREET ADDRESS	5821 REDDMAN RD	33 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28212	34 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORKIN, STEVE	42 NAME	
STREET ADDRESS	11800 FARMLAND DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD	44 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOS BEN, JUDITH	52 NAME	
STREET ADDRESS	210 W. RITTENHOUSE SQUARE #2507	53 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, with all other like empowered.

SIGNATURE:  DATE: 3/12/99 DAYTIME PHONE #: 704/532-0750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)