

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 401174 (8)

1. Corporation Name
LEE PARK APARTMENTS, INC.

Principal Place of Business 6110 S.W. 68TH STREET P.O. BOX 431328 SOUTH MIAMI FL 33143	Mailing Address 6110 S.W. 68TH STREET P.O. BOX 431328 SOUTH MIAMI FL 33143
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 05/15/1972	
4. FEI Number 59-1545734	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RITTER, JOHN
 5401 COLLINS AVE #100
 MIAMI BCH FL 33140**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	BELLINGER, LOUISE	
STREET ADDRESS	6141 SW 69 STREET	
CITY-ST-ZIP	S MIAMI, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MCFATTEN, JULIA	
STREET ADDRESS	6123 SW 69 STREET	
CITY-ST-ZIP	S MIAMI, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FARRINGTON-CHANCE, NIA	
STREET ADDRESS	6109 SW 69 ST.	
CITY-ST-ZIP	S MIAMI, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GODBOLT, JERRY	
STREET ADDRESS	5956 SW 68TH ST.	
CITY-ST-ZIP	S MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JORDAN, MARY	
1.3 STREET ADDRESS	5965 SW 69 ST	
1.4 CITY-ST-ZIP	MIAMI, FL 33143	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MCCRAY, LOU-ETTA	
2.3 STREET ADDRESS	6108 SW 68 STREET	
2.4 CITY-ST-ZIP	MIAMI, FL 33143	
3.1 TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VICKERS, TERRI	
3.3 STREET ADDRESS	6100 SW 68 ST	
3.4 CITY-ST-ZIP	MIAMI, FL 33143	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 hereby certify that the information furnished 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: *Julia MCFatten*

4-22-98

CR2E034 (10/97)