## PILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (8)598284 **DOCUMENT #** 1. Corporation Name B & L APARTMENTS, INC. Mailing Address Principal Place of Business 4917 EHRLICH RD.. #204 4917 EHRLICH RD.. #204 TAMPA FL 33624 **TAMPA FL 33624** 3a. Date of Last Report 3. Date Incorporated or Qualified 06/27/1995 12/26/1978 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2913857 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Zip Yes DNo Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name 82 Street Address (P.O. Box Number is Not Acceptable) LETO, FRANK S. 4917 EHRLICH RD.,#204 83 **TAMPA, FL MH 33624** Zip Code 85 City 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 CR2E034 (12/95) Signature, typed or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition Chance DELETE 1. 1 TITLE TITLE 12 NAME BRIGGS, ROBERT L NAME 4917 EHRLICH RO. \$204 1.3 STREET ADDRESS STREET ADDRESS TAMPA, FL 00000 1.4 CITY - ST- 2IP CITY - ST - ZIP Change ☐ Addition DELETE 2 1 TITLE PT V S TITLE 2.2 NAME LETO, FRANK S NAME 2.3 STREET ADDRESS 4917 EHRLICH RD.,#204 STREET ADDRESS 2.4 CITY - ST- ZIP TAMPA, FL 00000 CITY-ST-ZIP [ ] Change ☐ Addition DELETE 3 1 TITLE THILE 3.2 NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE THILE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 6. 1 TITLE THUE NAME **63 STREET ADDRESS** STREET ADDRESS 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 119.07(3)(k). 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 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 certify that I am an officer or director of the comparation of the comparatio