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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 12:09

DOCUMENT # 703112 (3)

1. Corporation Name
MARIE ANTOINETTE APARTMENTS, INC.

Principal Place of Business	Mailing Address
C/O PHIL SOUSA (LAU #703) 309 MONMOUTH ST NEWPORT KY 41071 US	SOUSA, PHIL (LAU #703) 309 MONMOUTH ST NEWPORT KY 41071 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1961
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-1228129 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

PHIL SOUSA (LAU #703)
2222 N ATLANTIC BLVD APT 3
FT LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	D ☒ Change ☐ Addition
NAME	SPALDING, JOHN L.	1.2 NAME	SPALDING, JOHN L.
STREET ADDRESS	4TH AND MADISON AVES.	1.3 STREET ADDRESS	4th & Madison Aves.
CITY-ST-ZIP	COVINGTON KY	1.4 CITY-ST-ZIP	Covington, KY 41011
TITLE	PDT	2.1 TITLE	☐ Change ☐ Addition
NAME	SOUSA, J PHILIP	2.2 NAME	
STREET ADDRESS	2222 N ATLANTIC BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDAL, FL 00000 33305	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	DV ☒ Change ☐ Addition
NAME	HAAS, ELMER J.	3.2 NAME	Rick Schilling
STREET ADDRESS	196 CLOVERIDGE	3.3 STREET ADDRESS	3012 N.E. 21st Street
CITY-ST-ZIP	FT. THOMAS KY	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33305
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Philip Sousa 2/7/95 561-272-3
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR NAME OF OFFICER OR DIRECTOR — DATE — Daytime Phone #

0074350