

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90162 016 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703796

1. Corporation Name

CORONET TERRACE APARTMENTS INC

Principal Place of Business

2245 PIERCE STREET
HOLLYWOOD FL 33020

Mailing Address

2243 Pierce Street #9
HOLLYWOOD FL 33020
US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/27/1962
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2070938
City & State	City & State	5. Certificate of Status Desired ☐
23	28	\$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing ☐
24	30	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ADAMSON, BARBARA J.
2245 PIERCE ST
APT 5
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name	DAVID H. HAMBLIN
82 Street Address (P.O. Box Number is Not Acceptable)	2243 Pierce Street
83 Apt. #9	
84 City	Hollywood
85 State	FL
86 Zip Code	33020

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE



DAVID H. HAMBLIN

4-5-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	ST
NAME	ADAMSON, BARBARA J	1.2 NAME	David H. Hamblin
STREET ADDRESS	2245 PIERCE ST., #5	1.3 STREET ADDRESS	2243 Pierce St. #9
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	Hollywood, FL 33020
TITLE	P	2.1 TITLE	P
NAME	LOGIOS, ANDREW	2.2 NAME	Jerome Adamson
STREET ADDRESS	2245 PIERCE ST., #4	2.3 STREET ADDRESS	2254 Pierce St. #5
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	Hollywood FL 33020
TITLE	P	3.1 TITLE	D
NAME	SALVATORE, DRAGO	3.2 NAME	Salvatore Drago
STREET ADDRESS	2243 PIERCE ST SUITE 10	3.3 STREET ADDRESS	2243 Pierce St. #10
CITY-ST-ZIP	HOLLYWOOD FL 33020	3.4 CITY-ST-ZIP	Hollywood, FL 33020
TITLE	D	4.1 TITLE	
NAME	PERRON, ROGER	4.2 NAME	
STREET ADDRESS	2243 PIERCE ST SUITE 12	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	VP
NAME	HAMBLIN, DAVID H	5.2 NAME	Andrew Logios
STREET ADDRESS	2243 PIERCE ST SUITE 9	5.3 STREET ADDRESS	2245 Pierce St. #4
CITY-ST-ZIP	HOLLYWOOD FL 33020	5.4 CITY-ST-ZIP	Hollywood, FL 33020
TITLE	D	6.1 TITLE	D
NAME	ADAMSON, JEROME	6.2 NAME	Barbara Adamson
STREET ADDRESS	2245 PIERCE ST, #5	6.3 STREET ADDRESS	2245 Pierce St. #5
CITY-ST-ZIP	HOLLYWOOD FL	6.4 CITY-ST-ZIP	Hollywood, FL 33020

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 817, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID H. HAMBLEW

2-6-99

929-1741

Daytime Phone #

SECRETARY-TREAS.

CR2E037 (1/98)