

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 705947 (0)

1. Corporation Name
GARDEN TERRACE APTS. NO. 6, INC.



Principal Place of Business: 1400 S. 19TH AVE. HOLLYWOOD FL 33020-6361
Mailing Address: 1400 S. 19TH AVE. HOLLYWOOD FL 33020-6361

3. Date Incorporated or Qualified: 07/24/1963
3a. Date of Last Report: 04/13/1995
4. FEI Number: 59-2949190
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
MEYER, JOSEPHINE
1400 S. 19TH AVE.
HOLLYWOOD FL 33020

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD MEYER, J 1400 S. 19TH AVE HOLLYWOOD FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD AUDET, ELIZABETH 1400 S. 19TH AVE., #5 HOLLYWOOD FL	2.1 TITLE	VICE PRESIDENT - D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	OLLIE TOMASELLI
STREET ADDRESS		2.3 STREET ADDRESS	1400 S 19 AVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	HOLLYWOOD FLA 33020
TITLE	PD LUCANIA, VIRGINIA 140 S. 19TH AVE., #8 HOLLYWOOD FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD O'DONNELL, C 1400 S 19TH AVENUE HOLLYWOOD FL	4.1 TITLE	SECRETARY - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	TONY DELUCCA
STREET ADDRESS		4.3 STREET ADDRESS	1400 S 19th AVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HOLLYWOOD FLA 33020
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 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: *Josephine Meyer* 4/9/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)